

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.  
**27986**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
Township St. Louis Primary Registration District No. 223  
City St. Louis (No. St. Anthony Hospital)

File No. \_\_\_\_\_  
Registered No. 7051  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 551 Elder St. 15 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER 13. NAME Raymond Brown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER 15. MAIDEN NAME Bertha Reines

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Memphis Mo

17. INFORMANT Raymond Brown (ADDRESS) 551 Elder

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellvue Mo DATE 8/16 1933

19. UNDERTAKER (ADDRESS) Woffenbester & Co 784 S. Broadway

20. FILED 15 1933 REGISTRAR J. T. Brudeck

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933 to August 14, 1933

I last saw him alive on August 14, 1933 Death is said to have occurred on the date stated above, at 5p m.

The principal cause of death and related causes of importance were as follows:

Acute Lymphatic Leukemia Date of onset 7-21-33  
duration - 25 days.

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) W. H. Aetens, M. D.

(Address) 3608 S. Grand Blvd.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

3608 S. Grand  
Apt. 1011