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.

JAN 26 1934

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

Do not use this space.

41294

1. PLACE OF DEATH
96 County St Louis — Registration District No. 790 — File No.
2 Township Central — Primary Registration District No. 6033a — Registered No. 183
7 City Clayton (No. 55 Arundel Place St. Ward)

2. FULL NAME Edmond M Brown — Edmond M Brown
(a) Residence, No. 55 Arundel Place St., Ward.
(Usual place of abode) (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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July. 9. 1868

7. AGE — YEARS 65 — MONTHS 4 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supply Commissioner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Board of Education
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) Pa

FATHER
13. NAME Mathew Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Minette Brown
(ADDRESS) 55 Arundel Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Dec 6 1933

19. UNDERTAKER A Kron L & U Co
(ADDRESS) 2707 N Grand Blvd

20. FILED 12/4 1933 Robert J Lenderman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933, to Dec. 3, 1933
I last saw him alive on Dec. 3, 1933. Death is said to have occurred on the date stated above, at 8:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis (arteriosclerotic heart disease)	
93C	
95B	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Drew Luten, M. D.
(Address) 3770 Washington St Louis Mo