

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.

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

Do not use this space.

MAR 24 1934

PLACE OF DEATH

County: _____ Registration District No. **791**
Township: _____ Primary Registration District No. **1003**
City: **St. Louis** (No. **City Hospital**)

File No. **6615**
Registered No. **1458**
St. _____ Ward _____

FULL NAME

(a) Residence, No. _____ Ward. _____ (If nonresident, give city or town and State)
(Usual place of abode) **2207 Chestnut**

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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 30 1877**

7. AGE YEARS **56** MONTHS **2** DAYS **7** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Mechanic**

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) **Mississippi**

13. NAME **William Brown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

15. MAIDEN NAME **Charolette Crittenden**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

17. INFORMANT **Edith Brown** (ADDRESS) **269 Pine**

18. BURIAL CREMATION OR REMOVAL PLACE **Chilson Rd. 2/10/34**

19. UNDERTAKER (ADDRESS) **Russell**

20. FILED **J. J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 7 / 1934**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **6:25 P.M.**

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

**Congestive Heart Failure
Chr. Myocarditis
Terminal Lobar Pneumonia
Chr. Nephritis**

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) **Harold J. Shubert** (Address) **219 1/2 Pine**

66
1908

108

1934

