

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.

JUN 26 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Maplewood
City Maplewood (No. 3428)

Registration District No. 786
Primary Registration District No. 4469
Outford

File No. 17952
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3428 Outford Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 23

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Shoe Worker
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

13. NAME Buster Browner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Undrawn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Annie Browner
3428 Outford av

18. BURIAL, CREMATION, OR REMOVAL PLACE First Lawn DATE May 14 1934

19. UNDERTAKER (ADDRESS) Wardner Heppner
2331 So. Broadway

20. FILED May 14 1934 Pauline Bredtsteren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1929 to May 12 1934
I last saw him alive on May 11 1934 Death is said to have occurred on the date stated above, at 2:05 p.m.
The principal cause of death and related causes of importance were as follows:

82A
Myocardial Degeneration
Arteriosclerosis
Date of onset March 2/24/28
5/4/34

Name of operation None 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) Arthur W. Hestrey, M. D.
(Address) Walter Brown, Mo

NOV 3 1950