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.

JUN 26 1934

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

Do not use this space.

18028

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township — Primary Registration District No. 6033a — Registered No. 161
City Clayton (No. 6308 San Bonita Ave St. Ward)

2. FULL NAME Alfred T. Brown
(a) Residence, No. 6308 San Bonita St., Ward. (If nonresident, give city or town and State)
(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.

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 Estelle Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 6-1882
7. AGE YEARS 52 MONTHS 2 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Material Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner.
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 Mo.

FATHER
13. NAME Richard H. Brown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Hannah Stuart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md.

17. INFORMANT (ADDRESS) Mrs. Alfred T. Brown 6308 San Bonita Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE May 25 1934
19. UNDERTAKER (ADDRESS) Peetz Bros 3029 Lafayette Ave
20. FILED 5/24 1934 Robt F. Auchmuth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19 1934, to May 22 1934
I last saw him alive on May 21 1934. Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:
Hemiplegia (Cerebral Embolism) — Date of onset May 19-34
Other contributory causes of importance: Chr. Myocarditis — July 19/34
Name of operation no Date of —
What test confirmed diagnosis? — 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) Wm J. Langan, Jr., M. D.
(Address) 5803 Plymouth Av.

Dr. M. J. Langan
5803 Plymouth

Cat 0220