

**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 Central
City (No. 7019 Robbins Ave.)

Registration District No. 789
Primary Registration District No. 6033

File No. 26313
Registered No. 207 St. _____ Ward)

2. FULL NAME William A. Brown,

(a) Residence, No. 7019 Robbins Ave., 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 Emma Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1862

7. AGE MONTHS 6 DAYS 16 If LESS than 1 day,hrs. ormin.

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

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) New Bedford, Pa.

13. NAME Solomon Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Bedford, Pa.

MAIDEN NAME Unknown

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. D. Wallace 7019 Robbins

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Camp July 14, 1934

19. UNDERTAKER (ADDRESS) Geo. F. Pleitsch Inc 5786 Easton

20. FILED 7-13- 1934 W. A. Beckner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 11, 1934

I last saw him alive on July 11, 1934. Death is said to have occurred on the date stated above, at 12 P. m.

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

Carcinoma of face
52
Other contributory causes of importance:
Diabetes mellitus

Name of operation Cervical Date of 7/10
What test confirmed diagnosis Cervical 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? Yes
If so, specify _____

(Signed) Smith Deeth, M. D.
(Address) 300 A / Westward Ave

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.

AUG 17 1934

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Don D. Vellano

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