DEC 1 3 1934

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

Do not use this space.

40926

File No. 10870

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS (No. ST. JOHNS HOSPITAL ..... St. ..... Ward)

2. FULL NAME CHESTER K. BROWN

(a) Residence, No. 6126 SUBURAN AVE. St., 5 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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY T BROWN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 27 1858

7. AGE: 76 YEARS, MONTHS: 3, 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. COMPOSITOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. POST DISPATCH

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) OHIO

FATHER

13. NAME DR. W. H. BROWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

MOTHER

15. MAIDEN NAME REBACE DONALD

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

17. INFORMANT (ADDRESS) ALMA BROWN 6126 SUBURAN AVE.

18. BURIAL, CREMATION, OR REMOVAL

PLACE VALHALLA CEM. DATE NOV. 15 1934

19. UNDERTAKER (ADDRESS) Jos. W. Clark. 1125 HODIAMONT AVE.

20. FILED 11 14 1934, 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1934, to Nov 12, 1934.

I last saw him alive on Nov 12, 1934. Death is said to have occurred on the date stated above, at 11.13 P.

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

Cerebral Thrombosis with hemiplegia

100 820 / 10 Y

Date of onset

Other contributory causes of importance:

Lobar pneumonia

Name of operation none Date of none

What test confirmed diagnosis? X Ray Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury none, 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas W Miller, M. D.

(Address) 835 Missouri Bldg.

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.

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...WITH UNFADING INK—THIS IS A PERMANENT RECORD