

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

Do not use this space.

FEB 21 1935

**791
1003**

2939
165

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. 3847 Windsor)

File No.....

Registered No.....

St. Ward.....

2. FULL NAME

John Brown (Brown)

(a) Residence, No. 3847 Windsor St. 11 Ward.....

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 11-20 1934 Jan 2, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1, 1877

I last saw him alive on Jan 2, 1935 Death is said to have occurred on the date stated above, at 11:40 P. M.

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

57 8 1

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

Endocarditis, sub-acute Date of onset Nov 19, 34

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

Chauffeur

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.....

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville Ill

13. NAME Unknown

Name of operation No operation Date of Physical Exam

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

What test confirmed diagnosis? Physical Exam

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury....., 19.....

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Lizzie Smith (ADDRESS) 3847 Windsor Pl

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cohasset DATE 1-7 1935

19. UNDERTAKER W. H. Flansley (ADDRESS) 3063 Sheridan Ave

20. FILED 5 1935 J. Bredeck Registrar

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) M. D. Jennings M. D.

(Address) 410 Washington Blvd.

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.

