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.

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

MAY 8 1935

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3560

City St. Louis, Mo (No. 4024a, Cook Ave ..... St. ..... Ward)

2. FULL NAME Enas W. Brown

(a) Residence, No. 4024a Cook St., 11 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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12, 1886

7. AGE: YEARS 48 MONTHS 9 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 Orleans La.

FATHER

13. NAME: Harry Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

MOTHER

15. MAIDEN NAME: Lucy Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Va.

17. INFORMANT (ADDRESS): Mrs Guyrene Brown 4024a Cook Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Apr. 20, 1935

19. UNDERTAKER (ADDRESS): W. S. Wade Undertaking Co 4202 Finney Ave.

20. FILED APR 20 1935, 19 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1935, to 4-17, 1935

I last saw him alive on 4-17, 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

	Date of onset
Chronic Nephritis	4 mos.
Streptococcus Endocarditis	4 mos.
Other contributory causes of importance:	
Uremia	1 day

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Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Lab. 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? .....

If so, specify .....

(Signed) J. J. Thomas, M. D.

(Address) 822a N. Jefferson.