

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

Do not use this space.

SEP 16 1935

791
1008

28066

1. PLACE OF DEATH

County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Louis, Mo. (No. City Infirmary) St. _____ Ward _____

File No. _____
 Registered No. 7150

2. FULL NAME

George H. Brown
 (a) Residence, No. City Infirmary St. 13 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) X X 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
abt. 78 X X X

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

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) X Canada

FATHER 13. NAME George Brown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X England

MOTHER 15. MAIDEN NAME Myrah X

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Canada

17. INFORMANT J. J. Sullivan
 (ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 8-21 1935

19. UNDERTAKER Walter Richter
 (ADDRESS) 3529 Butler St

20. FILED 23 1935 J. F. Brodeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26 1935 to Aug 16 1935
 I last saw him alive on Aug 16 1935. Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
 Date of onset _____

Other contributory causes of importance: 920

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) C. J. Hubert
 (Address) Isolation Hospital

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.

