

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

Do not use this space.

JAN 13 1935

41644

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1003 File No. 10888
 City St. Louis (No. Missouri Baptist Hospital Registered No. 10888 Ward)

2. FULL NAME

(a) Residence, No. High Ridge no. 1 St. N.R. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 21, 1877</u>		
7. AGE	YEARS	MONTHS
	<u>58</u>	<u>9</u>
		DAYS
		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Globe Democrat</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
13. NAME FATHER <u>Unknown Brown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME MOTHER <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>Anna Brown High Ridge</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fun. Soc. Burial Dec 26, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Thos. J. Curtis 2906 Morris ave</u>		
20. FILED <u>DEC 23 1935</u> 19 <u>J. T. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1935, to Dec 22, 1935.
 I last saw him alive on 12-22, 1935. Death is said to have occurred on the date stated above, at 10:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of left lung - Primary
 Other contributory causes of importance: 47

Name of operation none Date of
 What test confirmed diagnosis? Diagnosis Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? No
 If so, specify
 (Signed) Joseph S. Carney M. D.
 (Address) 525 Pinesco Bldg. St. Louis, Mo.

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.

