

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**

Do not use this space.

FEB 11 1936

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **Saint Louis** (No. **4483 West Belle Place**)..... St. Ward)

File No. **41972**
 Registered No. **50**

2. FULL NAME Joseph Brown

(a) Residence, No. 4483 West Belle Place 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

3. SEX Male	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced		
5A. MARRIED WIDOWED OR DIVORCED WIDOWED Ida Brown				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknow</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about</u>	<u>73</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>common</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Unavailable</u> 11. Total time (years) spent in this occupation <u>Unk.</u>			

12. BIRTHPLACE (CITY OR TOWN) Unavailable
 (STATE OR COUNTRY) Missouri

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) Unavailable
 (STATE OR COUNTRY) II

15. MAIDEN NAME II

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

17. INFORMANT Jus Brown
 (ADDRESS) 4483 West Belle Place

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cemeters DATE Jan. 4th, 1935

19. UNDERTAKER Charles G. Tate
 (ADDRESS) 4107 Finney Avenue

20. FILED 13 1936 19 J. P. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1935 to December 27, 1935
 I last saw him alive on December 27, 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 12/19 1935

Other contributory causes of importance
Senility

Name of operation None Date of.....
 What test confirmed diagnosis? clinical 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 Henry E. Rosenberg, M. D.
 (Address) 4503 Page Boulevard

