MAY

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

Do not use this space.

17543

File No. 4325

Registered No.

1. PLACE OF DEATH

County

Township

City Saint Louis (No. ISOLATION HOSPITAL St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Sylvester Browder

(a) Residence, No. 3450 Lawton St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 - 11 - 1914

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
21	7	5	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store

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) Metropolis Ill.

FATHER

13. NAME Ephesian Browder

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

MOTHER

15. MAIDEN NAME Ada Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Tenn.

17. INFORMANT (ADDRESS) Agnes C. Reilly 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Apr. 24 - 1936

19. UNDERTAKER (ADDRESS) Perkins Funeral Home 3100 Easton

20. FILED APR 20 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936, to April 16, 1936

I last saw him alive on April 16, 1936. Death is said to have occurred on the date stated above, at 10:50 P.M.

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

	Date of onset
Meningococcic Meningitis	4-6-36

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Other contributory causes of importance:

Gastric ulcer;

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Henry J. Ulrich, M. D.

(Address) 5600 Arsenal

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33