JUN 26 1936

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

Do not use this space.

20634

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 20
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME John Brown
(a) Residence, No. 4547 Wichita St., 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: About 52 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith
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): St. Louis Mo.

FATHER
13. NAME: Charles Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Catherine Pendergrat
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Anna Brown 4547 Wichita Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 5/25/36, 19

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Und. 3840 Lindell Blvd

20. FILED 6/24, 1936 Dr. A J Liguorelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22 /1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:10 m PM
The principal cause of death and related causes of importance were as follows:

Basal skull fracture, fracture of the ribs. Compound -comminuted fracture of both legs. Lacerations of lung and liver. Bruises and contusions of scalp.

Date of onset

Other contributory causes of importance:
Hemorrhage and shock.
OVER

10 M

Name of operation ..... Date of .....
What test confirmed diagnosis? Coroner's View 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 5/23/36
(Signed) Luke B. Turner, M. D.
(Address) 3718 Jennings Rd
Coroner St. Louis Co. 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.

Auto and pedestrian. Maplewood, St.Louis County, Mo. Taken to County Hospital, where he was pronounced dead.

Verdict of Jury:

By injuries received when struck by an automobile, unavoidable accident."