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.

SEP 15 1936

791

32882

1. PLACE OF DEATH

County..... Registration District No. 1003 File No. 8764

Township..... Primary Registration District No..... Registered No. 8764

City St. Louis, Mo. (No. 3rd & Miller Streets St. ..... Ward)

2. FULL NAME John Edward Brown

(a) Residence, No. 6200 S Broadway St., 1 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*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1887

7. AGE: Years: About 49 | 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. Carpenter

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

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) Missouri

FATHER

13. NAME John Brown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Wm. Chas. Walker
(ADDRESS) 1424A S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Doe Run, Mo. DATE Aug. 24, 1936

19. UNDERTAKER Albert H. Hoppe
(ADDRESS) 429 N. Euclid Ave

20. FILED AUG 24 1936 19..... J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22, 1936

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 2 p m.

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

	Date of onset
Arteriosclerosis	
Chr. Myocarditis	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Gerald L. Dobbs, M. D.

(Address) 2000 S. Broadway