

NOV 4 1936

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

Do not use this space.

39651

## 1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis, Mo.(No. City Infirmiry)File No..... 10696

Registered No.....

St. .... Ward)

2. FULL NAME Sam Brown(a) Residence, No. City Infirmiry St. 13 Ward.(Usual place of abode) 5800 Arsenal St. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

## 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>Widower</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF unknown Widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt. Jan. 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>1858</u>	<u>78</u>	<u>9</u>	<u>X</u>	

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

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

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Greenville,  
(STATE OR COUNTRY) Illinois.13. NAME Thomas Brown14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Tile16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)17. INFORMANT E. Molony,  
(ADDRESS) 5800 Arsenal St.18. BURIAL, CREMATION, OR REMOVAL  
PLACE VALHALLA Cem. DATE Oct. 26, 193619. UNDERTAKER Jay B. Smith Funeral Home  
(ADDRESS) 7456 Manchester Ave., Maplewood, Mo.20. FILED OCT 26 1936 Jt. Predeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1866, to October 24, 1936  
I last saw him alive on October 24, 1936 Death is said to have occurred on the date stated above, at 7:05 A.M.  
The principal cause of death and related causes of importance were as follows:

CORONARY THROMBOSIS

Date of onset

Other contributory causes of importance:

DIABETES MELLITUSName of operation..... Date of.....  
What test confirmed diagnosis?..... 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.....  
(Signed) Jt. Predeck M. D.  
(Address) 5800 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.

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