JAN 10 1937

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

Do not use this space.
46175

Registration District No. 791
City Hospital No. 2 1003
Primary Registration District No.

File No.
Registered No. 11954

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. CITY HOSPITAL NO. 2 St. Ward)

2. FULL NAME George Brown

(a) Residence, No. 1902a N. Taylor St., // Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 74 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	Col.	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	6	7	

OCCUPATION

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

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) Va.

FATHER

13. NAME Anderson Brown

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

MOTHER

15. MAIDEN NAME Eliza (unknown)

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

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 12/4/36 19

19. UNDERTAKER W. S. Wade Und. Co.,
(ADDRESS) 4202 Finney Ave.,

20. FILED DEC 4 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1- 19 36

22. I HEREBY CERTIFY, That I attended deceased from 12-1- 19 36 to 12-1- 19 36

I last saw him alive on 12-1- 19 36. Death is said to have occurred on the date stated above, at 4:10 P. M.

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

	Date of onset
Cardiac Infarction	12-1-36
94b	
Other contributory causes of importance: Pulmonary Edema	12-1-36

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) J. Owen Blache, M. D.
(Address) 2945 Lawton

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.