

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.

48618 1936

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

Do not use this space.

791
1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 2334 Adams)

File No. 48695
Registered No. 6916
St. _____ Ward _____

2. FULL NAME

Foetus Brown

(a) Residence, No. 2334 Adams St., 22 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/22/36.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
5 Mo. Gest.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St. Louis
(STATE OR COUNTRY) Mo.

13. NAME Perry Brown

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

15. MAIDEN NAME Josie (surname unk)

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

17. INFORMANT Harold H. Schulz, Dep. Coroner
(ADDRESS) 1300 Clark Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 7/3/1936

19. UNDERTAKER Wm. C. McDowell,
(ADDRESS) 3506 Franklin Ave.

20. FILED Jul 9 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

Was born dead
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/22/1936
No physician in attendance

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 10:20 A.M.

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

Date of onset

Stillborn

Premature Birth

Other contributory causes of importance:

Name 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) [Signature], M. D.

(Address) [Address]

