

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

Do not use this space.

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809

1. PLACE OF DEATH
 County.....
 Township.....
 City..... **St. Louis** (No. **791**)
 Registration District No. **1003**
 Primary Registration District No. **2**
 City Hospital No. **1**

File No. **3841**
 Registered No. **879**
 St. Ward)

2. FULL NAME **Ben Brown**
 (a) Residence, No. **1621r (rear)** Wash St., **25** Ward. **1**
 (Usual place of abode)
 Length of residence in city or town where death occurred **5** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8 - 8 - 1900**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 5 8

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **237**

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) **Covington Tenn. 2**

13. NAME **Ben Brown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Covington Tenn. 2**

15. MAIDEN NAME **Mary Green**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Covington Tenn. 2**

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **Covington Tenn. DATE Jan. 20 1937**

19. UNDERTAKER (ADDRESS) **Wright Funeral Home 318 S Easton ave**

20. FILED **JAN 20 1937 J. P. Bredeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1 - 16 - 1937**

22. I HEREBY CERTIFY, That I attended deceased from **1 - 2 - 1937**, to **1 - 16 - 1937**

I last saw him alive on **1 - 16 - 1937** Death is said to have occurred on the date stated above, at **1:50A**.

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

Lobar Pneumonia 1-2-37

Other contributory causes of importance: **108**

Name of operation Date of
 What test confirmed diagnosis **Clinical** 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) **A. L. Lewis**, 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.

MISSOURI STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS—THIS IS A PERMANENT RECORD

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