

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
5316 ZEALAND AVE

File No. 10112
Registered No. 2676
St. Ward)

2. FULL NAME VINCENT CHARLES BROWN

(a) Residence, No. 5316 ZEALAND AVE St. 9 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 7, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 4 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COMMON LABORER
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 MO. (STATE OR COUNTRY)

13. NAME FATHER FRANK BROWN

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

15. MAIDEN NAME MARY WALSMITH

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

17. INFORMANT AGNES BROWN (ADDRESS) 5316 ZEALAND AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE MAR. 9, 1937

19. UNDERTAKER Goodhart & Goodhart (ADDRESS) 2225 N. Down Ave.

20. FILED MAR 8 1937 J. T. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7th 193722. I HEREBY CERTIFY, That I attended deceased from March 3, 1937, to March 7th, 1937

I last saw him alive on March 7, 1937. Death is said to have occurred on the date stated above, at 8:40 a.m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonary
Date of onset 6 weeks

Other contributory causes of importance:
Lobar Pneumonia 3 weeks

Name of operation Date of
What test confirmed diagnosis? Chemically 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) E. D. Schweninger, M. D.
(Address) 4470 Natural Bridge Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3352 490 82

