

APR 9 1937

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

Do not use this space.

10775
3349

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, (No. De Paul Hospital)

File No.....
Registered No.....
St. Ward)

2. FULL NAME

Infant Browne #2

(a) Residence, No. 4544 N. Kingshighway Blvd. / 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 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) Mar. 21, 1937.

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

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) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Herbert J. Browne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta, Ga.

15. MAIDEN NAME Theresia Bauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Theresia Bauer
(ADDRESS) 4544 N. Kingshighway Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pk. DATE March 26, 1937

19. UNDERTAKER J. N. Gebbers Lx & Co.
(ADDRESS) 2842 Persimac St.

20. FILED MAR 26 1937
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1937, to March 25, 1937.
I last saw him alive on above 3 p.m., 19.37 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Date of onset
Premature Birth
(About 7 months)
Other contributory causes of importance:
159

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 Geo B. Stueger (Signed) M. D.
(Address) 3442 Gerboldine

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.

100-29-000

