APR 27 1937

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

Do not use this space.

File No. 13409

Registered No. 89

1. PLACE OF DEATH
County ST. LOUIS
Township NORMANDY
City OVERLAND (No. 9226, DELPHINE St. Ward)

Registration District No. 789
Primary Registration District No. 6033

Central

2. FULL NAME BABY BROWN

(a) Residence, No. 9226 DELPHINE St., 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.

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.

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) MARCH 14-1937

7. AGE: Years — Months — Days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NIL
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) OVERLAND, Mo.

FATHER

13. NAME ROY BROWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER

15. MAIDEN NAME BERTHA GOODMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT ROY BROWN
(ADDRESS) 592 A CATALPA-ST. LOUIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FEE FEE CEM. DATE 3-15- 1937

19. UNDERTAKER Baumann Bros. Inc.
(ADDRESS) Overland, Mo.

20. FILED 3-16 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-14- 1937, to 3-14- 1937

I last saw him alive on —, 19.... Death is said to have occurred on the date stated above, at 8 P m.

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

	Date of onset
Still Born	

Other contributory causes of importance:

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? No
If so, specify

(Signed) Roy Altwether, M. D.
(Address) Overland Mo.

228