APR 27 1937

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

Do not use this space.

File No. 13590

Registered No. 159

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 1123

Township: Carondelet — Primary Registration District No. 6248 B

City: Jefferson Barracks (No. Vets. Adm. Fac. St. ..... Ward)

2. FULL NAME Walter E. BROWN

(a) Residence, No. 109 North Market Street St., ... Ward. Sparta, Illinois.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Bess L. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 11, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent, Sparta Country Club

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) Sparta, Illinois

FATHER

13. NAME William M. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Illinois.

MOTHER

15. MAIDEN NAME Jeanette McKelvy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Illinois.

17. INFORMANT Clinical Clerk M. Schilling
(ADDRESS) VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparta Ill. DATE April 12, 1937

19. UNDERTAKER A. H. Hoppe
(ADDRESS) 429 N. Euclid

20. FILED Apr. 10, 1937 G. Mowry
per S. D. Tate Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937, 19..., to April 10, 1937

I last saw him alive on April 10, 1937. Death is said to have occurred on the date stated above, at 9:00 A. m.

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

	Date of onset
Myocardial Insufficiency, congestive type of cardiac failure, arterio-sclerotic.	Unkn.

Other contributory causes of importance:

Intestinal Obstruction and fecal fistula.	3-4-37
Laparotomy with Jejunostomy 3-12-37	
Name of operation Closing of fecal fistula	Date of 4-9-37

What test confirmed diagnosis? Phy. clinical man. and laboratory 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) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

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.