

JUN 12 1937

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

Do not use this space.

File No. 18655
Registered No. 5231
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. City Hospital No. 1)

C 2564

Samuel Brown

2. FULL NAME

(a) Residence, No. 1580 a S. Vandeventer 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/25/37, 19

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

22. I HEREBY CERTIFY, That I attended deceased from 5/24/37 to 5/25/37, 19

I last saw him live on 5/25/37, 19. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1854

to have occurred on the date stated above, at 10.25 a

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
83 1 24

Date of onset

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

Other contributory causes of importance:

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

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

Manner of injury _____

Nature of injury _____

13. NAME Unknown

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) George S. Bond, M. D.

(Address) City Hospital No. 1

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hosp. Info. M. H. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Cemetery DATE 5/28/37, 19
Belleville Ill.

19. UNDERTAKER (ADDRESS) Allen W. McCaughy
2301 Laravette Ave.

20. FILED MAY 26 1937
J. Bredek Registrar.

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.

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