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

Do not use this space.

JUL 8 - 1937

791
1003

22139
5891

1. PLACE OF DEATH

County..... Registration District No. 1003 File No. 22139

Township..... Primary Registration District No..... Registered No. 5891

City Saint Louis (No. 3912 Enright Avenue, 9 St. ..... Ward) 1

2. FULL NAME Sandy O. Brown

(a) Residence, No. 3912 Enright Avenue St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. 9 mos. 17 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	Negro	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1920

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
16	9	17	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Vashon High School

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saint Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Robert Brown

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Ella Staten

16. BIRTHPLACE (CITY OR TOWN) Little Rock (STATE OR COUNTRY) Arkansas

17. INFORMANT Mrs Ella Brown (ADDRESS) 3912 Enright Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE June 17, 1937

19. UNDERTAKER Charles J. Gates (ADDRESS) 4107 Finney Avenue

20. FILED JUN 16 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 19 37

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937, to June 14, 1937

I last saw him alive on June 14, 19 37 Death is said to have occurred on the date stated above, at 1:40 m. A.M.

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

	Date of onset
Acute Myocarditis	
Cause Unknown	
Cardiac Failure	

Other contributory causes of importance: 93a

Name of operation None 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) William H. Sinkler, M. D.

(Address) 901a North Vandeventer Ave.

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