

REC'D MAR 14 1938

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

4575

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis Mo.** (d) Street No. **5875 Cates Ave.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **10** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1220**

2. PRINT FULL NAME

Earl Joseph Brown 65-0
 (a) Residence, No. **5875 Maple Ave.** St. **5** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ruth Oberhausen Brown**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 7, 1910**
 7. AGE YEARS **27** MONTHS **2** DAYS **24** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bar Tender**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Black Cat Cafe**
 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) **Prarie Du Rocher Mo.**

FATHER 13. NAME **E. L. Brown**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Anna Brown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Genevieve Missouri**

17. INFORMANT (ADDRESS) **Mr. J. E. Cummings 5875 Cates Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **7/2**, 19**38**19. FUNERAL DIRECTOR (ADDRESS) **Chas. A. Bull 4452 Washington St.**20. FILED **FEB 2 1938** **J. Predeck** Local Registrar.

NO PHYSICIAN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/31/38**

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at **12:45 A.M.**

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

Gunshot wound in the right side of head, self inflicted at his home, 5875 Cates Avenue, on January 30th, 1938, at about 9:18 P.M.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide **suicide** Date of injury **1/30/1938**Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **In Home**Nature of injury **See Above**24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **Joseph M. ...**(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I, John Ketter Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed John Ketter
Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)