REC'D MAY 1 1938

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

Do not use this space.

15008

1. PLACE OF DEATH
County Jefferson
Township Meramec
City
Registration District No.
Primary Registration District No.
(No. St Joseph's Hill Inf - St. Ward)
File No. 11
Registered No. 68

2. FULL NAME Edgar C. Brown
(a) Residence, No. 7433 Gannon Ave., St. Louis, Mo. Ward.
(Usual place of abode) St. Joseph's Hill Infirmary - Eureka (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22, 1853

7. AGE: YEARS 84 | MONTHS 7 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
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) Ill.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) St. Joseph's Hill Infirmary Eureka, Mo. by Brother Bonaventure

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE April 30, 1938

19. UNDERTAKER (ADDRESS) Geo. I. Pleitsch, Inc. St. Louis, Mo

20. FILED 28 Apl 1938 James A. Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 28 Apl 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1938, to Apr. 27, 1938
I last saw him alive on April 27, 1938. Death is said to have occurred on the date stated above, at April 28th 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance: 10

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Jesse S. Sargent, M. D.
(Address) Eureka, 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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