REC'D AUG 12 1938

3

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

23848
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6542

**1. PLACE OF DEATH**

(a) County
(b) Township
(c) City St Louis Mo (d) Street No. Enroute to City Hospital #1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Vearl W Brown 650

(a) Residence, No. 4459 Delmar St. 19
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 Helen Brown.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1896

7. AGE: Years 41 | Months 7 | Days 3. | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machanic
9. Industry or business in which work was done, as 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) Illinois.

FATHER
13. NAME Robert Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

MOTHER
15. MAIDEN NAME Mary E. Smyser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Helen Brown 4459 Delmar.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mathews DATE 7-23-38 19

19. FUNERAL DIRECTOR (ADDRESS) Mullen Bros 4259 Lindell

20. FILED AUG 22 1938 J. D. Bridick Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.05 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage of Brain on Pons Varolii | |

Other contributory causes of importance:

Glioscarcoma of Brain

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

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) Alfred J Perry M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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

I X12004

## STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Thomas R. Fenwick

Licensed Embalmer No. 3793

**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.)**

St Louis Mo.