

FILED MAY 7 1942

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. 0)

File No.

Registered No. 3644

12453

00

2. FULL NAME Baby Brown(a) Residence, No. 2708 - Burlington St. Ward. 60
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Boy white 4. COLOR OR RACE 0 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) 0

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21st 19427. AGE YEARS MONTHS DAYS 1 10 hrs. or 10 min.

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

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) St. Louis Mo. (STATE OR COUNTRY)FATHER 13. NAME Clarence T. Brown14. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Angelina T. Sirna16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)17. INFORMANT Mo Baptist Hospital (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4-24-4219. UNDERTAKER Wm. T. ... (ADDRESS) 1225 ...20. FILED APR 24 1942 J. F. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22nd 194222. I HEREBY CERTIFY, That I attended deceased from April 21st 1942 to April 22nd 1942

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:20 pm.

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

Date of onset

Institution 4-21-42

Other contributory causes of importance:

Premature birth

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Y

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 Asphyxiated(Signed) Wm. T. ... M. D.(Address) 402 ... Mo

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

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.

