

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

Do not use this space.

DEC 1 AUG 24 1938

25438

1. PLACE OF DEATH

County St. Louis  
Township Central  
City St. Louis (No. 1057) St. 1 Ward 1

Registration District No. 357  
Primary Registration District No. 4208

File No. 25438  
Registered No. 5

2. FULL NAME

(a) Residence, No. 1057 St. 1 Ward 1  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

|   |   |   |
|---|---|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Edna Brown</u> |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1908</u>                               |   |   |
| 7. AGE YEARS<br><u>68</u>   | MONTHS<br><u>-</u>  | DAYS<br><u>-</u>  |
| IF LESS than 1 day, hrs. or min.  |   |   |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.<br><u>Robber</u>                         |   |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>-</u>                                      |   |
|   | 10. Date deceased last worked at this occupation (month and year) <u>-</u> 11. Total time (years) spent in this occupation <u>-</u> |   |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to May 24, 1938

I last saw him alive on May 24, 1938 Death is said to have occurred on the date stated above, at 5:30 p. m.

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

Heart disease  
Cancer of aorta

Other contributory causes of importance: 53%

|        |   |
|--------|---|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Mo</u>                               |
|        | 13. NAME <u>John Andrew Brown</u>   |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ky</u>                               |
|        | 15. MAIDEN NAME <u>Frances Pruitt</u>   |
|        | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>W. Va</u>                            |
|        | 17. INFORMANT (ADDRESS)<br><u>Walter Brown</u>  |
|        | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Ignace</u> DATE <u>May 27</u> , 19 <u>38</u> |
|        | 19. UNDERTAKER (ADDRESS)<br><u>Frank Henderson</u>  |
|        | 20. FILED <u>19</u> Registrar.  |

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 -, 1938  
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) Walter Brown M. D.  
315 (Address) St. Louis

WRITE PLAINLY, WITH N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

25-438  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 35-1  
(b) Township \_\_\_\_\_ Primary Registration District No. 4208 Registered No. \_\_\_\_\_  
(c) City Depue (d) Street No. \_\_\_\_\_ 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

(a) Residence, No. \_\_\_\_\_ St.  (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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-24-72

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 11 -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) \_\_\_\_\_

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

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED Aug 10 19 38 J. J. Russell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Other contributory causes of importance: \_\_\_\_\_

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) J. J. Russell, M. D.  
(Address) Depue, Mo.

SUPPLEMENTARY

RECO... THIS IS A PERM... UNFADING INK... E. A. FEE.

