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.

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

Do not use this space.

42707

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11958

City St Louis Mo. (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Sam Harlbut Brown

(a) Residence. No. 3213 Lawton St., 21 Ward. .....
(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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): abt 1882

7. AGE: abt 46 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Waiter 96 93C 45B
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Miss

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown (STATE OR COUNTRY): Unknown

14. INFORMANT: Eva Brown
(Address) 3035 Washington Av

15. FILED DEC -9 1928, 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 4

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-5 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-1, 1928, to 12-5, 1928 that I last saw him alive on 12-5, 1928 and that death occurred, on the date stated above, at 5:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aneurysm of the Aorta
Hypertrophy of Heart
(duration) yrs. 6 mos. 7 ds.

CONTRIBUTORY (SECONDARY): Myocarditis, Chr.
Broncho pneumonia (duration) yrs. mos. 3 ds. ?

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Charles W. Duden, M. D
, 19 (Address) Barnes Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood Cem. DATE OF BURIAL: Dec 9 1928

20. UNDERTAKER: W. C. Gordon ADDRESS: 2649 Morgan St.