

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

Do not use this space.

14540

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 5475 St. Louis Ave.)

File No. ....

Registered No. 3888

St. .... Ward

**2. FULL NAME** Frank J. Brown

(a) Residence. No. 5475 St. Louis Ave. 6 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

J. Carter Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

abt. 61

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Messenger

(b) General nature of industry, business, or establishment in which employed (or employer)

Court House

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Arkansas

**10. NAME OF FATHER**

Loman Brown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Arkansas

**12. MAIDEN NAME OF MOTHER**

Not Known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Not Known

**14. INFORMANT**

Mrs. J. Carter Brown

(Address) 5475 St. Louis Ave.

**15. FILED**

1937 St. Louis Starkley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1928 to Apr 12 1930, and that I last saw him alive on Apr 12 1930, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Colon

46C

88

(duration) 1 yrs.  mos.  ds.

CONTRIBUTORY (SECONDARY)

Optic neuritis - Bilateral

(duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. C. Curtis, M. D.

4-14-1930 (Address) 219 N. Jeff

\*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**

DATE OF BURIAL

Washington Park

Apr. 20 19 30

**20. UNDERTAKER**

ADDRESS

J. H. Harrison

Linton

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.

