

**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 (No. 1022 N. Eighth)..... St. .... Ward)

File No. 31765  
Registered No. 9431

**2. FULL NAME**

George Brown  
(a) Residence. No. 1022 N. 8th St., 25 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 <u>Male</u>	4. COLOR OR RACE <u>Co'd</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
<u>abt. 60</u>				

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) odd jobs (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Henrietta Brown (Address) 10712 N. 8th

15. FILED 107-2 St. Louis REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1928 to Sept 28 1930, and that I last saw h/l alive on Sept 26 1930, and that death occurred, on the date stated above, at 10:15 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Asoplexy cerebral hemorrhage  
(duration) 82 yrs. 2 mos. 21 ds.

CONTRIBUTORY (SECONDARY) Hypertrophy of Heart  
(duration) 2 yrs. 2 mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) at home

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
(Signed) Lucretia J. Muller M. D.

(Address) 2335 Franklin

\*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 DATE OF BURIAL Oct. 4 1930

20. UNDERTAKER J. H. Harrison ADDRESS 2906 Lawton

