

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

Do not use this space.

6895

APR 27 1931

1. PLACE OF DEATH

County St. Louis
 Township Central
 City Wentzville Groves (No. 507 Leeds Ave.)

Registration District No. 788
 Primary Registration District No. 4471

File No. _____
 Registered No. 23
 St. _____ Ward _____

2. FULL NAME

Charles Joseph Brown
 (a) Residence No. #3 Oak Terrace St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 8 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lydia Ethel Crowe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1846

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
84 9 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Banker
 (b) General nature of industry, business, or establishment in which employed (or employer) Commercial Bank
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bedford
 (STATE OR COUNTRY) Massachusetts

10. NAME OF FATHER Charles Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Massachusetts

12. MAIDEN NAME OF MOTHER Sampson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Massachusetts

14. INFORMANT Henry W. Brown (son)
 (Address) #3 Oak Terrace Wentzville Groves

15. FILED 2/18 1931 Dr. W. Westrup
G. Carlock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-18-1931

17. I HEREBY CERTIFY, That I attended deceased from Oct-13, 1920 to Feb-18, 1931
 that I last saw him alive on Feb-16, 1931, and that death occurred, on the date stated above, at 7:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis -
Senile Dementia -
 (duration) 5 yrs. mos. ds.
 CONTRIBUTORY Senile gangrene both
 (SECONDARY) limbs -
 (duration) _____ yrs. mos. 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? clinical signs -

(Signed) H. A. Gaudin M. D.

(Address) Wentzville Groves

*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 Lincoln Center, Kansas DATE OF BURIAL Feb. 20 1931

20. UNDERTAKER Allen W. Laughlin ADDRESS 2311 Lockwood

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.

