

**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. 1008

City St. Louis (No. 2 N 4th St.)

29885
File No.....
Registered No. 8938
St. Ward)

2. FULL NAME

Laurance Daly Brown

(a) Residence. No. 658 N 31st St. NO Ward. East St. Louis, Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Foley Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-28-1894

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	37	3	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Supt.
(b) General nature of industry, business, or establishment in which employed (or employer) Drug Co.
(c) Name of employer Mc Kessen-Merrell

9. BIRTHPLACE (CITY OR TOWN) Pittsburg
(STATE OR COUNTRY) Pennsylvania

10. NAME OF FATHER Edgar L. Brown

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

12. MAIDEN NAME OF MOTHER Charlotte Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Allegheny
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT X Elsie Foley Brown
(Address) 658 N. 31st St.

15. FILED 21 1931 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 20, 1931

17. No Physician attended
HEREBY CERTIFY, That I attended deceased from, 19..... to, 19.....

that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 1 P.

Chronic Myocarditis
Chronic Endocarditis
(duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 921
936
(duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 8
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner, M.D.
8721, 1931 (Address) Dep. Coroner

*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 East St. Louis, Ill. DATE OF BURIAL Aug 21 1931

20. UNDERTAKER KURRUS und. Co. ADDRESS East St. Louis, Illinois
C. Kurrus

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.

