

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

Do not use this space.

2876

**1. PLACE OF DEATH**

County..... Registration District No. *1201*  
Township..... Primary Registration District No. *1201*  
City..... *St. Louis, Mo.* (No. ...., *Sanitarium* St. .... Ward)

File No. ....  
Registered No. *582*

**2. FULL NAME**

*Alva Brown*  
(a) Residence, No. *4358 Lee* St., *13* Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *21* yrs. + mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 22, 1882*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*49* *1* *26*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer 317*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Apartment House*  
10. Date deceased last worked at this occupation (month and year) *Aug. 1930* 11. Total time (years) spent in this occupation *unknown*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Springfield Illinois*

FATHER 13. NAME *Andrew Brown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Illinois*

MOTHER 15. MAIDEN NAME *Mary Miller Hartmann*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT (ADDRESS) *W. F. Williams M.D. 5400 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla* DATE *1-19-32*

19. UNDERTAKER (ADDRESS) *Provoch Ind. Co. 3710 N. Grand Blvd.*

20. FILED *19 1532 19* *May C. Hall* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 17th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 25th 1930* to *Jan. 17th 1932*  
I last saw him alive on *Jan. 17th 1932* Death is said to have occurred on the date stated above, at *10:15 A.M.*  
The principal cause of death and related causes of importance were as follows:

*General Paralysis of the Insane (Syphilis) 8-25-30*

Other contributory causes of importance:  
*83 2/3 85 1*

Name of operation..... Date of.....  
What test confirmed diagnosis? *Clinical* Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) *William F. Williams*, M. D.  
(Address) *5400 Arsenal*

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.

