

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis (No. 2218 Nebraska)

Registration District No. 791

Primary Registration District No. 1003

✓ File No. 14732  
Registered No. 4130  
Sl. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 2218 Nebraska Ave 23 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. - mos. - da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-27 1932

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from 4-26, 1932, to 4-27, 1932 that I last saw her alive on 4-26-32, 1932 and that death occurred, on the date stated above, at 2:30 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of stomach  
metastases in liver

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. about 65 yrs

(duration) yrs. 9 mos. da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work \_\_\_\_\_ (b) General nature of industry, business, or establishment in which employed (or employer) Cocotodign (c) Name of employer Not employed

CONTRIBUTORY (SECONDARY) Hemorrhage from stomach (duration) yrs. mos. da. 2

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis Ill.

18. WHERE WAS DISEASE CONTRACTED 46 B IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER James Brown

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs (Signed) Joseph David, M.D.

12. MAIDEN NAME OF MOTHER Mary Griffin

1932 (Address) Century Bldg

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

\*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.

14. INFORMANT (Address) James Brown 2218 Nebraska Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL St. Joseph's Cemetery 4/29 1932

15. FILED 20 1932 REGISTRAR Max C. Stankoff

20. UNDERTAKER Lillis Kansas ADDRESS Monmouth Marshall Co. East St. Louis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Century Bldg