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.

AUG 26 1933

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

Do not use this space.

25138

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1043

City St Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 6561

2. FULL NAME 6719 Gus Brown

(a) Residence, No. 7017 Minnesota St., Ward. 1
(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: 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~~ Mable Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1882

7. AGE: YEARS 51 MONTHS 2 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pub Service

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER

13. NAME Jas Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Angra ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp Inf M Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olive Cem. DATE July 29 1933

19. UNDERTAKER (ADDRESS) C. Hoffmeister U & L Co. 7814 So Broadway

20. FILED JUL 28 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1933, to 7-27, 1933

I last saw him alive on 7-27, 1933. Death is said to have occurred on the date stated above, at 5.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Aneurysm of ~~Thora~~ Descending Aorta	96
Erosion of Vertebrae by Aneurysm	103
Hemothorax (Left)	1

Other contributory causes of importance:

Lobar Pneumonia

106

Name of operation ..... Date of .....

What test confirmed diagnosis? Pathological Was there an autopsy? Yes

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? No

If so, specify .....

(Signed) J. Coleman, M. D.

(Address) City Hospital