

JUL 14 1936

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

Do not use this space.

24522

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. Peoples Hospital) Registered No. 6141 St. Ward)

2. FULL NAME

John Brown  
(a) Residence, No. 1330 Piggott St. St. Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. 11 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Milinda Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22 1897</u>		
7. AGE <u>38</u>	YEARS <u>19</u>	MONTHS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sterling Steel Co.</u>		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Miss

13. NAME  
Horace Brown

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

15. MAIDEN NAME  
Augusta Webber

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

17. INFORMANT (ADDRESS)  
Milinda Brown  
1330 Piggott Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE  
C. St. Louis DATE 6-21-1936

19. UNDERTAKER (ADDRESS)  
P. M. C. Green  
3514 Packer Ave.

20. JUN 15 1936  
J. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-1936

22. I HEREBY CERTIFY, That I attended deceased from 6/28, 1936 to 6/10, 1936

I last saw deceased alive on 6/9, 1936 Death is said to have occurred on the date stated above, at 9:30 m.

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

Cerebral Hemorrhage Date of onset 5/26  
5408  
Other contributory causes of importance:  
Fracture of Brain  
non-malignant

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

What test confirmed diagnosis? Autopsy 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?

If so, specify.....

(Signed) H. M. Keagles M. D.

(Address) 1341 Piggott St.

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.

MAKING RESERVED FOR BIRNBR

V. O. NO. 2  
100M-2-22-35

