

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis Registration District No. 1123
Township C2 Primary Registration District No. 6245B
City Jefferson Barracks (No. Veterans Facility) St. 115 Ward 115

2. FULL NAME

Robert R. BROWN
(a) Residence, No. 6413 West Park Avenue St. Saint Louis Ward. Missouri
(Usual place of abode)
Length of residence in city or town where death occurred yrs. Unkn mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

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 Mrs. Mabel Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 20

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

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

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winterset Iowa

13. NAME Thomas Brown

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

15. MAIDEN NAME Catherine Coury

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

17. INFORMANT (ADDRESS) Clinical Clerk M. Schellig VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE National Cem. DATE March 16, 1937

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

20. FILED March 13, 1937 L. Mawry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937 to March 12, 1937

I last saw him alive on March 12, 1937 Death is said to have occurred on the date stated above, at 7:20 p.m.

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

DIABETES MELLITUS, severe

Date of onset Unkn.

Other contributory causes of importance:

Pneumonia Bronchial

Unkn.

Name of operation None Date of
Div. Clinical Manif. Laboratory
What test confirmed diagnosis? Was there an autopsy? NO

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 C. W. Hughes

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.

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.

