

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.

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No.
Primary Registration District No.
(No. St. Anthony Hospital)

791
1003

File No. 22226
Registered No. 5978
St. Ward

2. FULL NAME Joseph Brown

(a) Residence, No. 5024 Cates St. 12 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Jennie Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15 - 1876</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>9</u>
		DAYS
		<u>3</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Retired</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Filling Station</u>		
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) <u>Russia</u>		
13. NAME <u>Abraham Brown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
15. MAIDEN NAME <u>not Known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
17. INFORMANT <u>David Brown</u> (ADDRESS) <u>5024 Cates Avv.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Resed Shel Wma</u> DATE <u>6-20-1937</u>		
19. UNDERTAKER <u>H. Bindschopf</u> (ADDRESS) <u>5216 Delmar</u>		
20. FILED <u>JUN 10 1937</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18, 1937

22. HEREBY CERTIFY, That I attended deceased from June 1 - 1937, to June 8, 1937
I last saw him alive on June 18, 1937. Death is said to have occurred on the date stated above, at 9 A. m.
(The principal cause of death and related causes of importance were as follows:
Uremia from Chronic Pyelo-nephritis
Date of onset

Other contributory causes of importance
Myelomatosis of prostate - Chronic prostatitis

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 None
(Signed) W. A. Moore, M. D.
(Address) 774 Madison Bldg

