

NOV 23 1937

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

Do not use this space.

38841

1. PLACE OF DEATH

County Saint Louis
Township Carondelet
City Jefferson Barracks (No. V. A. F.)Registration District No. 1123
Primary Registration District No. 6248 BFile No. _____
Registered No. 429
St. _____ Ward _____2. FULL NAME Emanuel BROWN(a) Residence, No. 2024 Wash. Street St. _____ Ward Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)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. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 13, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 8 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) About 7 yrs. ago 11. Total time (years) spent in this occupation _____5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Susie Brown12. BIRTHPLACE (CITY OR TOWN) Saint Charles (STATE OR COUNTRY) Missouri13. NAME Jonas Brown14. BIRTHPLACE (CITY OR TOWN) Jacksonville, (STATE OR COUNTRY) Illinois15. MAIDEN NAME Mary (last name unknown)16. BIRTHPLACE (CITY OR TOWN) Helena, (STATE OR COUNTRY) Arkansas17. INFORMANT Clinical Clerk M. Schullig (ADDRESS) VAF Jefferson Barracks, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks DATE NOV 1st 193719. UNDERTAKER Jas. H. Randle P. Son (ADDRESS) 3133 Bell Ave20. FILED Oct. 29 1937 G. Mowery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28 193722. I HEREBY CERTIFY, That I attended deceased from September 28 1937 to October 28 1937I last saw him alive on October 28 1937. Death is saidto have occurred on the date stated above, at 2:25 AM

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

Arteriosclerosis, generalized, characterized by myocarditis, chronic, with hypertrophy and dilatation, congestive type of cardiac failure. Unkn.Other contributory causes of importance: NoneName of operation None Date of operation _____
by Clinical manly and laboratory _____
What test confirmed diagnosis? _____ Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1937Where 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 cardiopathy(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

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

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1
2
2

OCCUPATION

MOTHER FATHER

1950

1951

1952

1953

3.