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

4971
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 79[illegible]
(b) Township ..... Primary Registration District No. 1002 Registered No. 1801
(c) or City St. Louis, (d) Street No. 3020 Marnice Pl. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Major Brown
(a) Residence, No. 3020 Marnice Pl. St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nannie Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8 - 2 - 1875
7. AGE: YEARS 64 | MONTHS 6 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Miss.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Nannie Brown, 3020 Marnice Pl.
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ PLACE WASHINGTON PARK DATE 2-22, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H J Smith, 4247 W Kabadie
20. FILED FEB 21 1940 19 J B Bulleck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 18, 1940
22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1940 to Feb. 18 40, 19
I last saw him alive on Feb. 18, 1940 Death is said to have occurred on the date stated above, at 7.45 P M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2/1
Other contributory causes of importance: Hypertension	1939

93a

Name of operation ..... Date of .....
What test confirmed diagnosis Auscultation 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? No
If so, specify
(Signed) [signature], M. D.
(Address) 3146na Laclede

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Henry Goodin

Licensed Embalmer No. 3050

P. O. Address 4237 W Labadie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.