OCT 2 1927.

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

Do not use this space.

25392

1. PLACE OF DEATH
County St Louis
Township [illegible]
City Richmond Hts (No. St Mary, Hospital St. Ward)
Registration District No. 790
Primary Registration District No. 6033
File No.
Registered No. 228

2. FULL NAME Katherine Brown
(a) Residence. No. 4229a W Scaramento 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: Female
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 Hugh P. Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29-1889

7. AGE: Years 38 | Months 2 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

PARENTS
10. NAME OF FATHER Daniel F McNamara
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo
12. MAIDEN NAME OF MOTHER Mary O'Donnell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

14. INFORMANT Hugh P. Brown
(Address) 4229a W Scaramento

15. FILED 8/30 1927 J. B. Luddutt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) August 28th 1927.

17. I HEREBY CERTIFY, That I attended deceased from Aug. 24th, 1927, to Aug. 28, 1927, that I last saw her alive on Aug. 28, 1927, and that death occurred, on the date stated above, at 5 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia (Probably streptococcus)
Meningitis (Culture of sp. fluid sterile)
Cavernous sinus thrombosis
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pyorrhoea alveolaris
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home teeth. Extraction of upper
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Aug. 28, 1927
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical, Laboratory & X-Ray
(Signed) Alexander J. Kotkis, M.D.
8/29, 1927 (Address) #4119 Forlin Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: Aug 31 1927

20. UNDERTAKER: Benseek-Niehaus
ADDRESS: 1138 N 6

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD