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

Do not use this space.

29006

File No. .....

Registered No. 8589

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Dorothy Mae Brown

(a) Residence. No. 3833 De Tonty St., 17 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 13, 1907

7. AGE: Years 20 | Months 1 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(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: C. Hy. Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): California Mo

12. MAIDEN NAME OF MOTHER: Jennie May Nicholson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

14. INFORMANT: C. Hy Brown (Address) 3833 De Tonty St

15. FILED SEP 27 1927 19 Mark C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1927, to Sept 26, 1927 that I last saw her alive on Sept 26, 1927, and that death occurred, on the date stated above, at 10 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post Op Peritonitis

139A

129 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Operation for Benign Ovarian Cyst (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 22/27

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. L. Hild M. D

9/27, 1927 (Address) 5700 Maple

*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: Oak Grove Cemetery

DATE OF BURIAL: Sept 28 1927

20. UNDERTAKER: Elmer Shepard

ADDRESS: 5921 Easton

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.

...NEY, WITH UNFADING INK---THIS IS A PERMANENT RECORD 12-2

Dr [illegible]
5102 Maple