

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

Do not use this space.

34995

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Isolation Hosp.**) St. _____ Ward _____

File No. _____
Registered No. **10143**
St. _____ Ward _____

2. FULL NAME

Gloria Brown
(a) Residence. No. **2331 1/2 Eugene St.** **22** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **Life** yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Negro	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) Jan. 7 - 1925				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	2	10	3	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work Nil				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				

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

PARENTS	10. NAME OF FATHER Geo Brown
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
	12. MAIDEN NAME OF MOTHER Mathie Ray
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. INFORMANT **V. Clark**
(Address) **Isolation Hosp**

15. FILED **Nov 13 1927** **Maub Starkeoff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov - 11** 19 **27**

17. I HEREBY CERTIFY, That I attended deceased from **Nov - 1** 19 **27**, to **Nov - 11** 19 **27** that I last saw her alive on **Nov - 11** 19 **27** and that death occurred, on the date stated above, at **12:25 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria, Pharyngeal **10**
10 (duration) _____ yrs. _____ mos. **14** ds.
CONTRIBUTORY **Otitis Media, Acute Purulent**
(SECONDARY) (duration) _____ yrs. _____ mos. **7** ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: **2331 1/2 Eugene**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____
WAS THERE AN AUTOPSY? **No**
WHAT TEST CONFIRMED DIAGNOSIS? **Biopsy**
(Signed) **George H. Harrison** M. D.
, 19 (Address) **Isolation Hosp.**

*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 **Washington Park Cemetery** DATE OF BURIAL **11/14** 19 **27**

20. UNDERTAKER **James Brock** ADDRESS **215 S. Jefferson**

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.

U
Edwin