

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

Do not use this space.

39048

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St Louis (No. 4530 Marfield) St. Ward.....

File No. 47
 Registered No. 47

2. FULL NAME

Louisa Bramlett
 (a) Residence. No. 4530 Marfield St. 11 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 Negro
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk 1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt 71 - - -
 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)..... (STATE OR COUNTRY) Tennessee
 10. NAME OF FATHER Richard Taylor
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Tenn.
 12. MAIDEN NAME OF MOTHER Eliza Taylor
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Tenn.

14. INFORMANT Rula Sloan
 (Address) 4300 1/2 Cottage

15. FILED 11-2-1928 Max G. Starceff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

24
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1927
 17. I HEREBY CERTIFY, That I attended deceased from 12/27, 1927, to 12/29, 1927, that I last saw h. al alive on 12/29, 1927 and that death occurred, on the date stated above, at 4:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Lobar)
10/15
12/2
 (duration)..... yrs. mos. ds. 6
Asthma (Bronchial)
 CONTRIBUTORY (SECONDARY) non Tubercular
 (duration)..... yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED 4234 Howard Ave
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS Red side of organ
 (Signed) J. J. White, M. D.
 Jan 1, 1928 (Address) 809 1/2 Jefferson

*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 DATE OF BURIAL 1-2-1928

20. UNDERTAKER C. J. Sater ADDRESS 4107 1/2 Junney

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.

