

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

Do not use this space.

42822

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No.....

Township.....

Registration District No. **1003**

Registered No. **12086**

City **St. Louis** (No. **387**)

**St. Louis Baptist Hospital** St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **3333 Fair Street** **267** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 **George Crowley**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 16, 1879**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **49 7 24**

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) **St. Louis** (STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER **Sebastian Braun**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER **Lucy Gutz**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

14. INFORMANT **George Crowley** (Address) **3333 Fair Street**

15. FILED **DEC 12 1928** **Wm. A. Hanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 10 1928**

17. I HEREBY CERTIFY, That I attended deceased from **March 1928**, to **Dec. 10 1928**, that I last saw him alive on **Dec. 10 1928**, and that death occurred, on the date stated above, at **4:45 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Carcinoma of uterus**  
(duration) **1** yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) **H6** (duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

D DID AN OPERATION PRECEDE DEATH..... **no** DATE OF.....

WAS THERE AN AUTOPSY..... **no**

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **Arthur H. Jost** M. D.

**Dec 11, 1928** (Address) **1901 Madison St.**

\*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 **Dec. 13 1928**

20. UNDERTAKER **Math. Hermann & Son** ADDRESS **216 East Fair Ave.**

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.

WHILE PARENTS WITH ONWARDING INK—THIS IS A PERMANENT RECORD

