

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

Do not use this space.

13403

1. PLACE OF DEATH

County..... Registration District No. **701**
 Townships..... **1003** File No.....
 City **St Louis** (No. **People Hosp. 3449 Pine** St. Registered No. **4104**)
 (Primary Registration District No. Ward)

2. FULL NAME

(a) Residence. No. **2736 Lucas** St. 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

7 MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar 31 1929**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anderson Brown**

17. I HEREBY CERTIFY, That I attended deceased from **Mar 27** 19**29**, to **Mar 31** 19**29** that I last saw her alive on **Mar 31** 19**29** and that death occurred, on the date stated above, at **2:45 pm**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **abt 40 - -**

Elizabeth Coma 50

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Domestic**
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

5 yr operator for fistula
 (duration) **7** yrs. mos. da.
3 yrs. (duration) **3** yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) **La**
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? **At home**

10. NAME OF FATHER **Boyd Henning**

1 DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **Mar 27 1929**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **La**
 (STATE OR COUNTRY)

WAS THERE AN AUTOPSY? **yes**

12. MAIDEN NAME OF MOTHER **Velix Kelly**

WHAT TEST CONFIRMED DIAGNOSIS **Autopsy & Urine & Blood**
 (Signed) **J. H. Henning** M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **La**
 (STATE OR COUNTRY)

, 19 (Address) **307 Waverly**

14. INFORMANT **Anderson Brown**
 (Address) **2736 Lucas St**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Greenwood** DATE OF BURIAL **4/7 1929**

15. FILED **APR -6 1929** **May C. Stanley** REGISTRAR

20. UNDERTAKER **C. W. Roberts** ADDRESS **3035 Lucas St**

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.

RECORD THIS IS A PERMANENT RECORD

