

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**

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

City **St. Louis** (No. **4234** W. Lusk) St. Ward

23454

File No.

Registered No. **6941**

St. Ward

2. FULL NAME

(a) Residence. No. **4234 W. Lusk** 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 **Caucasian** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 16, 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 1 12

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

9. BIRTHPLACE (CITY OR TOWN) **Jonesburg**
(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Corley Smith**

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

12. MAIDEN NAME OF MOTHER **Eunice Beckel**

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

14. INFORMANT **Nelson H. Brown**
(Address) **4234 W. Lusk St.**

15. FILED **1** 19 **May 21** 19 **29**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 28, 1929**

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at **4:30 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
90% (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Pr. Myocarditis**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH **101 W**

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **John P. Hume** M. D.
7-19-29 (Address) **S.C.**

*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 **7-2-29**

20. UNDERTAKER **Werner Undertaking Co. Finney** ADDRESS **4039**

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.

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Dr. J. M. W.
12. 7. 1921