

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

Do not use this space.

23577

1. PLACE OF DEATH

County St. Louis
Township W. Shyler
City..... (No.....)..... St..... Ward.....

Registration District No. 843
Primary Registration District No. 0106

File No.....
Registered No.....

2. FULL NAME

Mrs. Effie Brown

(a) Residence. No..... St..... Ward.....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Carl Brown

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

Jan 3 - 1885

7. AGE

40 YEARS

5 MONTHS

9 DAYS

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Accountant

(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)

St. Louis, Mo

10. NAME OF FATHER

Carl Hull

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

Female

12. MAIDEN NAME OF MOTHER

Miss Carter

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

Female

14. INFORMANT (Address)

Peter Brown
Galea Mo Rk

15. SIGNATURE (Date)

July 9, 1929 Thos. J. McEvel
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 6 1929

17.

I HEREBY CERTIFY, That I attended deceased from June 6, 1929, to June 6, 1929, that I last saw her alive on June 6, 1929, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [Signature], M. D.
, 19 June (Address) Galea Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Louis

June 7 1929

20. UNDERTAKER

ADDRESS

Wm Craig

Galea Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION is very important.

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PARENTS

