

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

Do not use this space.

38381

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 70003
 City St. Louis No. #5475 Cabanne Ave (Ward)

File No.
 Registered No. 10746

2. FULL NAME

Sarah P. Brown
 (a) Residence No. #5475 Cabanne Ave (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79. 4. 16

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) (STATE OR COUNTRY) Wales

10. NAME OF FATHER Peter P. Peterkin

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

12. MAIDEN NAME OF MOTHER Sarah Rohan

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

14. INFORMANT Dr James A. Brown
 (Address) #5475 Cabanne Ave

15. FILED NOV -2 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1st 1929

17. I HEREBY CERTIFY, That I attended deceased from at 1929, to Nov 1 1929. That I last saw h... alive on Nov 1 1929, and that death occurred, on the date stated above, at 4:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 (duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 100%
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Dr. Maxine A. Neuberthal M. D.
11/1 1929 (Address) 4500 Olive 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 Bellefontaine Cem. DATE OF BURIAL Nov 4th 1929

20. UNDERTAKER Chas. Lupton ADDRESS 4449 Olive 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.

262
8

