

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

Do not use this space.

14821

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City, St. Louis (No. City Hospital) St. Ward)

File No.
 Registered No. 4231

2. FULL NAME

Josephine Brown
 (a) Residence No. 3214 So 9th St., 24 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt 56 unknown

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)

(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14. INFORMANT

Fred H. Brown
 (Address) 2644 So 11 St

15. FILED

Mar 21 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** 4-26-1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1930 to Apr 25, 1930
 that I last saw her alive on Apr 25, 1930, and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Carcinoma of L. Breast
50
4 1/2

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) metastasis in liver
 (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 47

1 DID AN OPERATION PRECEDE DEATH 46 DATE OF 2-20-1930

WAS THERE AN AUTOPSY no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) My Drumm, M. D.
4/26, 1930 (Address) 1747 Lafayette

*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 S. S. Peter + Paul **DATE OF BURIAL** 4-28-1930

20. UNDERTAKER W. C. Moydell **ADDRESS** 1926 Allen

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.

23
5
2
91

PLATE 2 1956

PLATE 3 1956