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

Do not use this space.

34629

File No. 10012

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis No. 6616 Gaho St. Ward)

Registration District No. 0 0 –

Primary Registration District No. 10003

2. FULL NAME Annie McBrout

(a) Residence. No. St., 1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or mis.
About 70	—	—	

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) Ireland
(STATE OR COUNTRY)

PARENTS

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 John McBrout
(Address) 6616 Gaho

15. FILED OCT 21 1930 Max B Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1930 to Oct 19, 1930 that I last saw h. alive on Oct 19, 1930, and that death occurred, on the date stated above, at 4 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 Acute Dilatation of heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chr. myocarditis

(duration) 10 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 Clinical findings

(Signed) Owen J. McDonald, M. D.

, 19 (Address) 760 Michigan

*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	DATE OF BURIAL
Mount Liv	Oct 22 1930
20. UNDERTAKER	**ADDRESS**
Kost Funeral Home	7618 Lot Ave

CAUSE OF DEATH in plain terms, as clear as may be for physicians, lawyers, statisticians and others to understand.