

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

Do not use this space.

3867

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4766) Maffett Ave

File No.
Registered No. 1112
St. Ward)

2. FULL NAME

Sarah Bascom Brubner

(a) Residence No. 4766 Maffett Ave, St. 6 Ward. (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4 - 1836

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 0 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House-work
(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) Illinois

10. NAME OF FATHER Don't know, Bascom

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Douglas French
(Address) 5028 Kingshighway S.W.

15. FILED 20 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 22 1925 to Jan 28 1931 that I last saw her alive on Jan 27 1931, and that death occurred, on the date stated above, at 1 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic pneumonia
1864 (duration) yrs. mos. ds.
1948
CONTRIBUTORY INTER CAUSES Fallen from floor or edge of bed (duration) yrs. mos. ds.
3 1

18. WHERE WAS DISEASE CONTRACTED Residence
NOT AT PLACE OF DEATH Accident

DID AN OPERATION PRECEDE DEATH? no DATE OF OPERATION 1864
WHERE WAS AN AUTOPSY? no

WHAT BEST CONFIRMED DIAGNOSIS? clinical signs
(Signed) Joseph M. Tross M.D.

Jan 28 1931 (Address) 433 Inwood

*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 Oak Hill Cemetery DATE OF BURIAL Jan. 30 1931

20. UNDERTAKER Louis H. Popp ADDRESS Kirkwood Mo.

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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