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

Do not use this space.

2641

File No. .....

Registered No. 334

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. .....

City St. Louis (No. 1727 S. Division St. ..... Ward)

2. FULL NAME Mary (Brown) Brown

(a) Residence, No. 1727 S. Division St., 25 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	Cu	Widow

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

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

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Abt.	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ark 2

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ark

MOTHER

15. MAIDEN NAME Alice Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn

17. INFORMANT (ADDRESS) Mrs. Ella Huff 1737 Division

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 1-11 1932

19. UNDERTAKER (ADDRESS) T. E. Beal Und. Co. 2726 Rutger St.

20. FILED JAN 11 1932 19 Max C. Farkenft Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th 1932, to Jan 8th 1932

I last saw him alive on Jan 8th 1932. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
94, 14	

Other contributory causes of importance:

(1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) G. Wolfe, M. D.

(Address) 932 N. 14th 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD