

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.

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

Do not use this space.

4835  
698

1. PLACE OF DEATH  
County Jackson Registration District No. 339  
Township Ray Primary Registration District No. 2628 E 6th  
City St. Louis (No. 2628 E 6th) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louise Viola Brown  
(a) Residence No. 2628 E 6th St. 9 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 Fe  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 21 - 1929  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 11 29  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Child  
(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) Mo  
10. NAME OF FATHER Charley S. Brown  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo  
12. MAIDEN NAME OF MOTHER Ruby Mc Mahon  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs E. P. Brown  
(Address) 2628 E 6th  
15. FILED 2/24, 1932 M. M. Cray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1932  
17. I HEREBY CERTIFY, That I attended deceased from over Feb. 19 1932  
\_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw her alive on Feb. 19 - 1932, and that death occurred, on the date stated above, at 11:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Solvent Intoxication  
10 1/2 1/2  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

CONTRIBUTORY (SECONDARY) Acute myocarditis  
(duration) 1 yrs. \_\_\_\_\_ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ (13)  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

WHAT TEST CONFIRMED DIAGNOSIS Physical Exam  
(Signed) Erwin D. Schmidt, M. D.  
Feb. 20, 1932 (Address) 421 Shubert Bldg. N.E. Mo.

\*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 Highland Pk. DATE OF BURIAL 2/23 1932

20. URBERTAKER Rose Henderson ADDRESS 150 Jackson

Jr. E. Spindle

Ki 3257

Be 577a

H21 Schubert