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

Do not use this space.

14329

1. PLACE OF DEATH

County..... Registration District No. 7

Township..... Primary Registration District No. 1

City St. Louis (No. St. Louis City Hosp. 500 S. Kingshighway Ward)

File No.....

Registered No. 3665

2. FULL NAME Lois Brown

(a) Residence. No. 3219 Elgin Ave. St. 12 Ward. Alton Ills.
(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	Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19-1926

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	1	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alton, Ills.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Harold Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) E. St. L. Ills.

12. MAIDEN NAME OF MOTHER Verona Teasdale

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pentelhill Ill

14. INFORMANT L. M. Keplinger
(Address) 508 S. Kingshighway

15. FILED 1 4 1932 Mary A. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-14-1932

17. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1932 to Apr. 14, 1932 that I last saw h. alive on Apr. 11, 1932 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain tumor - malignant
530 non-tuberculous
8VD

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Post-operative hemorrhage

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? ①
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-13-32
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Lawrence Goldman, M. D.
(Address) St. L. Children Hosp. 19

*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
Edwardsville Ill.	April 1932
20. UNDERTAKER Robert H. Streeper	ADDRESS Alton Ill

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.