

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

Do not use this space.

18192

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Registration District No. 1023
City St. Louis (No. St. Gertrude)

File No.....
Registered No. 5170
St. Ward)

2. FULL NAME

(a) Residence, No. 5641 Kingsbury St., 5 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Garland Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 4, 1893</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>5</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	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) <u>Davenport Iowa</u>		
FATHER	13. NAME <u>O. M. Bihary</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Blauche Rahr</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Manitowish Wisconsin</u>	
17. INFORMANT (ADDRESS) <u>O. M. Bihary</u>		
18. BURIAL, CREMATION, OR CREMATION PLACE <u>Walhalla Crematory May 30, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Wagner Bros. Co. 3621 Olive St.</u>		
20. FILED <u>MAY 29 1932</u>	<u>May 6 Starkoff</u> Registrar	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-1932

22. HEREBY CERTIFY, That I attended deceased from May 16, 1932 to May 27, 1932
I last saw her alive on May 27, 1932 Death is said to have occurred on the date stated above, at 4:40 p. m.
The principal cause of death and related causes of importance were as follows:
Agranulocytic angina
115 B
115 A
Other contributory causes of importance: Thrombocytopenic purpura hemorrhagic
Name of operation None Date of
What test confirmed diagnosis? Blood counts as 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) Roland Steffer M. D.
(Address) 4500 Olive

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.

STATE DEPARTMENT WITH OBTAINING INFORMATION THIS IS A PERMANENT RECORD

