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.

20896

File No. .....

Registered No. 5384

1. PLACE OF DEATH

County .....

Registration District No. 794

Township .....

Primary Registration District No. 1003

City St Louis (No. 1818a Ohio Ave. St. ..... Ward)

2. FULL NAME Elizabeth M. Brown

(a) Residence, No. 1818a Ohio Ave St. 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 24-1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	2	11	

OCCUPATION

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

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

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) New York City N.Y.

FATHER

13. NAME John Emerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME Bridget O'Boyle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Stella Brown
(ADDRESS) 1818a Ohio Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE June 8 1932

19. UNDERTAKER Petry Bros.
(ADDRESS) 3029 Lafayette Ave

20. FILED JUN -6 1932 Leo C. Hardy
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932, to June 5, 1932

I last saw her alive on June 4, 1932 Death is said to have occurred on the date stated above, at 2:20 a.m.

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

	Date of onset
Apoplexy	May 20
Cerebral Hemorrhage	
8 yr	
8 mo	
8 d	

Other contributory causes of importance:

Hypostatic pneumonia	June 2

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) James M. Hacker, M. D.

(Address) 2625 So. Jefferson Av. St Louis Mo