Dr Coleman
Pattonville Mo.

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 289 — File No. 41456
96 Township Central — Primary Registration District No. 6033B — Registered No. 379
City ..... (No. Dorsett Rd. & Lindbury Blvd. St. ..... Ward)

2. FULL NAME Emma McElinney Brouster
(a) Residence, No. Dorsett Rd & Lindbury Blvd. 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. B. Brouster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20 - 1855
7. AGE YEARS 77 MONTHS 4 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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) St Louis Co. Mo. 1

FATHER
13. NAME Alexander McElinney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 2

MOTHER
15. MAIDEN NAME Mattia Hibbler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co. Mo 1

17. INFORMANT (ADDRESS) Herold G. Brouster Dorsett & Lindburg St Louis Co
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fee Fee Cemetery DATE 12-31, 1932
19. UNDERTAKER (ADDRESS) Louis H. Bopp Kirkwood Mo.
20. FILED 12/30/, 1932 Rolla Bracy - M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1930, to Dec. 29th, 1932
I last saw her alive on Dec. 29th, 1932. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	12-1-30
93	
Other contributory causes of importance: Influenza	12.20.32

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) H. T. Coleman, M. D.
(Address) Pattonville Mo

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.