

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

Do not use this space.

41996

1. PLACE OF DEATH

County St. Louis Registration District No. 5801
 Township St. Louis Primary Registration District No. St. Louis
 City St. Louis (No. 1454) Francis St. St. 21 Ward

File No. 11119
 Registered No. 11119 St. 21 Ward

2. FULL NAME

(a) Residence, No. 1454 Francis St., 21 Ward (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23 1888

7. AGE YEARS 44 MONTHS 7 DAYS 21 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Ill 2

MOTHER 13. NAME Eugene Meyer

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Christy Brandt

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Leta Brown (ADDRESS) 1454 Francis St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Dec 16 1932

19. UNDERTAKER (ADDRESS) Wm. H. ...

20. FILED DEC 15 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1932 to Dec 14 1932
 I last saw him alive on Dec 13 1932 Death is said to have occurred on the date stated above, at 7 A.M.
 The principal cause of death and related causes of importance were as follows:
Acute Pleuritis
Chronic Endocarditis
 Date of onset 12-10-32

Other contributory causes of importance:
Chronic Endocarditis

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) Frank C. Blatter, M. D.
 (Address) 2542 Park

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2

Registrar.

