

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

Do not use this space.

42749

**1. PLACE OF DEATH**

County..... Registration District No. 1791  
 Township..... Primary Registration District No. 10005  
 City St. Louis Mo (No. City Hospital 2) St. .... Ward)

File No. ....

Registered No. 1076

**2. FULL NAME**

Francis Brown  
 (a) Residence, No. 4119 Montrose St., 18 Ward.  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
55 2 26

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundress  
 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) La

FATHER  
 13. NAME Unknown

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

MOTHER  
 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) at St. Louis Great City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE 1-1-1933

19. UNDERTAKER (ADDRESS) Frank Jones 2139 S. Euclid St. St. Louis Mo

20. FILED 19 Jan 15 1933

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-13-1932 to 12-27-1932

I last saw h. alive on 12-27-1932 Death is said to have occurred on the date stated above, at 10:07 m.

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

Chronic myocarditis  
Chronic nephritis  
Uremia  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis Ur. test 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?.....  
 If so, specify.....

(Signed) W. Smith, M. D.  
 (Address) City Hosp 2

WRITE IN INK, 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.

