

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo

Registration District No.....
Primary Registration District No.....

File No.....
Registered No. 1531
St. Bethesda Hospital Ward

2. FULL NAME

(a) Residence. No. 2209 Lawrence ave 17 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Female | White | Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 1858

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
74 | 6 | 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Unknown Heller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Art N. Brooke
2209 Lawrence

15. FILED FEB 11 1933 Max E. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1933

17. I HEREBY CERTIFY, That I attended deceased from 11 13 1932, to 12 12 1933, that I last saw her alive on 2 11 1933, and that death occurred, on the date stated above, at 20 m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Myocarditis - Chv.

3090
38730
CONTRIBUTORY (SECONDARY) Pneumonia
(duration) 1 yrs. 1 mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, DATE OF —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sto W. H. Inductivity

(Signed) 2-13-33 (Address) 4500 Olive St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery DATE OF BURIAL 2-14 1933

20. UNDERTAKER Thos J. Robert ADDRESS 1905 1/2 Grand

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.

