

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

Do not use this space.

17766

1. PLACE OF DEATH

County St. Louis Registration District No. 1162
 Township Central Primary Registration District No. 4770
 City University City No. 7161 Westmoreland St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7161 Westmoreland St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Samuel Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 22 1866</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>8</u>	DAYS <u>24</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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		
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	13. NAME <u>James Crochens</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Jane Graham</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	17. INFORMANT (ADDRESS) <u>Mrs E. J. Denton 7161 Westmoreland</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem</u> DATE <u>May 19 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Drehmann Harold 1905 Union Blvd</u>		
20. FILED <u>May 17 1933</u> <u>Dora V. Mueller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1933 to May 16 1933
 I last saw her alive on May 16 1933 Death is said to have occurred on the date stated above, at 11 P m.
 The principal cause of death and related causes of importance were as follows:

<u>Cerebral Arteriosclerosis</u>	Date of onset <u>?</u>
<u>Myocarditis</u>	<u>10-1031</u>
<u>Ch. Infective hepatitis</u>	<u>11-6-32</u>
<u>anemia</u>	<u>3-20-33</u>

Other contributory causes of importance
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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) Edmund Bennett, M. D.
 (Address) 1504 So 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.

JUN 23 1933

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