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.

SEP 26 1933

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

Do not use this space.

ISOLATION HOSPITAL

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28151

Township ..... Primary Registration District No. 1003 Registered No. 7244

City St Louis Mo (No. ..... , ... St. ..... Ward)

2. FULL NAME Frances Louise Brown

(a) Residence, No. 929 Cabanne St., 5 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 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: Colored
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) April, 4, 1911

7. AGE: YEARS 22 MONTHS 4 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student (stopes teacher)
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) Alabama

FATHER

13. NAME William F. Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

MOTHER

15. MAIDEN NAME Julia Prince
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Leona Burns 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 8/24, 1933

19. UNDERTAKER (ADDRESS) C. W. Roberts 3035 Lucas Ave

20. FILED AUG 23 1933 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

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

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933, to August 21, 1933
I last saw her alive on Aug. 21, 1933. Death is said to have occurred on the date stated above, at 11 05 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Jan. 1933
23A	
23B	
23	
Other contributory causes of importance:	
Hemorrhage from Lungs	Aug 20, 1933

Name of operation none Date of none
What test confirmed diagnosis? Sputum Was there an autopsy? yes

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) Henry J Ulrich, M. D.
(Address) ISOLATION HOSPITAL