

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

Do not use this space.

35256

JAN 9 1934

1. PLACE OF DEATH

County..... Registration District No. 01
Township..... Primary Registration District No. 23
City St. Louis Mo. City Hospital 2 (No.) St. Ward)

File No.
Registered No. 9527
St. Ward)

2. FULL NAME

Eva Brown
(a) Residence, No. 1606 N. Glasgow Ward. 20

(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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-30-1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 6 27

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. Housework
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) Massouri

MOTHER 13. NAME James Madison

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

15. MAIDEN NAME Mary Clark

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

17. INFORMANT A. Gertrude Clark (ADDRESS) City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washburn Pt DATE Nov. 4 1933

19. UNDERTAKER A. F. Walton (ADDRESS) 2707 S. St. Louis

20. FILED 11-1-33 Registrar. J. H. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-23-33, 1933 to 10-27-33, 1933

I last saw h. alive on 10-27-33, 1933 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:
248 Cancer of uterus (malignant)

Other contributory causes of importance:
None

Name of operation..... Date of.....
None.....

What test confirmed diagnosis..... (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?.....
If so, specify..... (Signed) R. S. Robinson, M. D.
(Address) City Hospital 2

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.

