

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033-B
City Lyndhurst (No. 2829) St. _____ Ward _____

File No. 14126
Registered No. 109

2. FULL NAME Ella V. Brown

(a) Residence, No. 2829 Lyndhurst St. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19th, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 2 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) St. Louis, Mo.

13. NAME Isaac Fisher

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

15. MAIDEN NAME Ophelia Arnold

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

17. INFORMANT (ADDRESS) E. V. Brown 2829 Lyndhurst

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem April 20, 1934

19. UNDERTAKER (ADDRESS) Drehmann & Son 1905 Union Blvd.

20. FILED 4-20-34 Registrar H. Bachner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-11-34 to 4-19-34, 1934

I last saw him alive on 4-18-34 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Chronic Myocarditis
Pneumonia
4-15-34

Other contributory causes of importance:

Chronic Myocarditis

Name of operation None Date of _____

What test confirmed diagnosis None 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? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Robert J. Kelly M. D.
(Address) 4503 Washington Blvd.

460 Washington

10-17

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