

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. St. Lukes Hospital)

File No. **26555**  
Registered No. **6724**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St.; NR Ward. Penikeseville  
(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>Barnett E. Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 66</u>		
7. AGE	YEARS	MONTHS
<u>About 66</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<input checked="" type="checkbox"/>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penikeseville, Mo.</u>		
FATHER	13. NAME	<u>Phillip Gunner</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
MOTHER	15. MAIDEN NAME	<u>Elizabeth Long</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
17. INFORMANT (ADDRESS) <u>Neta Schulze</u> <u>3503 Green Oak</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Penikeseville</u> DATE <u>July 8</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Albert D. Slapp</u> <u>429 N. 6th St.</u>		
20. FILED <u>7</u> 19 <u>34</u> 19 <u>J. Brebeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1932 to July 6 1934  
I last saw h. e. v. alive on July 6 1934 Death is said to have occurred on the date stated above, at 2:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
82-110  
100 (50)  
Other contributory causes of importance:  
Hy. Pertension 1934  
Date of onset: 7-5-34

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical Was there an autopsy? no

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 no  
(Signed) W. F. Slapp M. D.  
(Address) 3720 Washington

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.

AUG 15 1934

FORM 11-23-33

