

APR 9 1935

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

Do not use this space.

791  
1003

10902

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. ....)

File No.....

Registered No.....

St.....

Ward.....

## 2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

St.....

Ward.....

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Female

White

Married

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

James A. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 26 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

48

4

17

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

at 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)St. Louis  
Mo

FATHER

13. NAME

Henry Pipes

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)New Orleans  
La

MOTHER

15. MAIDEN NAME

Josephine Est. Bergel

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)St. Louis  
Mo17. INFORMANT  
(ADDRESS)Henry Pipes  
3633 1/2 Grand

18. BURIAL, CREMATION, OR REMOVAL

PLACE

S.S. Peter &amp; Paul

DATE

3/18

1935

19. UNDERTAKER  
(ADDRESS)Short & Carroll  
400 North Bridge

20. FILED

MAR 17 1935

G. F. Bredech  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

3/15 1935

22. I HEREBY CERTIFY, That I attended deceased from

March 12, 1935, to March 15, 1935

I last saw him alive on March 15, 1935. Death is said

to have occurred on the date stated above, at 7:45 p.m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

arterial decomposition

Name of operation..... home

What confirmed diagnosis?..... Physical findings. Was there an autopsy?..... No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... No..... Date of injury..... March 19, 1935

Where did injury occur?..... home

(Specify city or town, county, and State)

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

Manner of injury..... Drown

Nature of injury..... Drown

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed)..... S. W. Hains M. D.

(Address)..... 50. Sid. Hill, St. Louis

