

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.

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

Do not use this space.

JUN 3 1935

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1. PLACE OF DEATH Emmaus Home.

County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 5998
 City St. Charles (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Nettie Anderson Brown

(a) Residence, No. _____ St. _____ Ward St. Louis, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. - mos. - ds. How long in U. S., if of foreign birth? 22 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>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - - - -		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4, 1886</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>0</u>
		DAYS
		<u>5</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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.	-----
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1935
 22. I HEREBY CERTIFY, That I attended deceased from April 9th, 1935 to April 9th, 1935
 I last saw her alive on Apr. 8th, 1935 Death is said to have occurred on the date stated above, at 3 P.m.

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

Acute dilatation of heart
 Date of onset Apr 9/35

Other contributory causes of importance:
Chronic Endocarditis + Syphilis

Name of operation None Date of _____
 What test confirmed diagnosis Syphilis Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 No
 Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. P. Erich Schmitz, M. D.
 (Address) St. Charles, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>
	13. NAME <u>Jasper Anderson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>
	15. MAIDEN NAME <u>Don't Know</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>
	17. INFORMANT <u>Reverend Stoerker</u> (ADDRESS) <u>St. Charles, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>EMMAUS Cem.</u> DATE <u>April-11, 1935</u>	
19. UNDERTAKER <u>Steinbrinker Undertaking Co</u> (ADDRESS) <u>St. Charles, Mo.</u>	
20. FILED <u>4/10</u> , 1935 <u>Clarence J. Necker</u> Registrar?	

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