FEB 11 1936

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

Do not use this space.

3097

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 299

City St. Louis Mo (No. ....., 6127 a Virginia Ave St. ..... Ward)

2. FULL NAME Helen M. Brown

(a) Residence, No. 6127 a Virginia Ave St. 1 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52.	10	19	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. As Home

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) Springfield Mo

FATHER

13. NAME John Foley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Lottie Schilling 6127 a Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan 10 36 19

19. UNDERTAKER (ADDRESS) Wm. J. Robert 1905 S Grand Blvd

20. FILED JAN 9 1936 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

Dophysician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11 P m.

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

Ruptured Aneurysm of Heart: arteriosclerosis: Hemorrhage chest: Cl Myo: 1 non traumatic

Date of onset

Other contributory causes of importance: 93 C

Name of operation ..... Date of .....

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) Harold A Schulz, M. D.

(Address) Dep for

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.