

JUN 6 1936

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

Do not use this space.

21440

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **ST. LOUIS MO** (No. **2125**) **CLARK AVE** St. Ward)

File No.
Registered No. **5681**
St. Ward)

2. FULL NAME **ELIZABETH BROWN**

(a) Residence, No. **2125 CLARK** St., **22** 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 **F** 4. COLOR OR RACE **COL** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH 28 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 1 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **HOUSE**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **WORK 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) **TENN**

13. NAME **JACK BROWN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TENN**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **EMMA SWANSON**
(ADDRESS) **2125 CLARK AVE**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Father Nickerson** DATE **May 29 1936**

19. UNDERTAKER **A. J. Beal and Co**
(ADDRESS) **2736 Jackson**

20. FILED **MAY 29 1936** **J. Beck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/23 1936**

22. I HEREBY CERTIFY, That I attended deceased from **5/16**, 19**36**, to **5/23**, 19**36**

I last saw **her** alive on **5/22**, 19**36**. Death is said

to have occurred on the date stated above, at **7 A** m.

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

5/8 Coronary Thrombosis Date of onset **5/9**

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) **J. Beck**, M. D.

(Address) **1126 Jefferson**

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.

10007-5-24-35

