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.

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

Do not use this space.

JUL 14 1936

791

24754

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 24754

Township ..... Primary Registration District No. ..... Registered No. 6378

City St. Louis (No. En route City Hospital #2, St. ..... Ward)

2. FULL NAME Susie Brown

(a) Residence, No. 1712 Wash St., 25 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 F.

4. COLOR OR RACE C.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1911

7. AGE YEARS 25 MONTHS ~~4~~ 3 DAYS ~~13~~ 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant Labadie Mo.

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) Labadie Mo.

FATHER

13. NAME Aaron Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labadie, Mo.

MOTHER

15. MAIDEN NAME Etalia Stanley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labadie, Mo.

17. INFORMANT (ADDRESS) Leona Elkins, Sister 920 N. 14th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Labadie Mo. DATE June 23rd 1936

19. UNDERTAKER (ADDRESS) J. J. James 2039 Wash

20. FILED JUN 23 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1936

No Physician in Attendance.

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 7:05 A.M.

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

Date of onset

Gunshot Wound of Heart, Lungs, Haemorrhage Chest, Gunshot of left Thigh,

Other contributory causes of importance:

HOMICIDE.

173

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? Hom. Date of injury 6/19, 1936

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

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

Manner of injury Shot by person (gun)

Nature of injury Gunshot Wound of Heart.

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

If so, specify .....

(Signed) [signature], M.D.

(Address) [signature]

6/23/36