

SEP 15 1936

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

Do not use this space.

32577

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis**, (No. **4526 So. Compton Ave.**) St. Ward)

2. FULL NAME

Edna E. Brown

(a) Residence, No. **4526 So. Compton Ave.** St. **15** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed.**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph H. Brown.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 24, 1876.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	59	11	18	

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 occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisiana**

13. NAME **Dont Know.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

15. MAIDEN NAME **Dont Know.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

17. INFORMANT **Joseph E. Brown** (ADDRESS) **4526 So. Compton Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Aug. 14, 1936**

19. UNDERTAKER (ADDRESS) **J. H. Gellman, L. S. & Co. 2842 Laramie St.**

20. FILED **AUG 13 1936** **J. P. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 17, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 16, 1932**, to **Aug. 17, 1936**
I last saw **her** alive on **Aug. 12, 1936**. Death is said to have occurred on the date stated above, at **4:15 A. M.**

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

Myocarditis, chronic Date of onset **1932**

Other contributory causes of importance: **None**

Name of operation **None** Date of **None**

What test confirmed diagnosis? **None** Was there an autopsy? **No**

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? **No**

If so, specify **at Cleveland**, M. D. (Signed) **3326 Wisconsin St.** (Address)

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.

