

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.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

FEB 8 1937 791

Registration District No.....
Primary Registration District No. 1003
(No. 6428 Southwest Ave.)

File No. 3804
Registered No. 810
St. _____ Ward _____

2. FULL NAME Irene Brown

(a) Residence, No. 6428 Southwest Ave., St. 3 Ward 1
(Usual place of abode)

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 21, 1920</u>		
7. AGE YEARS <u>16</u>	MONTHS <u>4</u>	DAYS <u>27</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Schoolgirl</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. 1
(STATE OR COUNTRY)

FATHER 13. NAME Hack Brown

14. BIRTHPLACE (CITY OR TOWN) Perry, Mo. 1
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Louise Hambley

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. 1
(STATE OR COUNTRY)

17. INFORMANT Hack Brown
(ADDRESS) 6428 Southwest Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 1/20/37 19

19. UNDERTAKER Edith E. Ambrose
(ADDRESS) 4234 Manchester

20. FILED 19 1937 19 St. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18/37 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937 to Jan 18, 1937
I last saw her alive on Jan 18, 1937 Death is said to have occurred on the date stated above, at 7:30 A. M.

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

Acute myo-carditis
Results of Broncho-pneumonia
Other contributory causes of importance: 1076
Acute Broncho-pneumonia

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? No
If so, specify.....

(Signed) Otto J. Schwes, M. D.
(Address) 2105 So. Broadway

Dr. J. J. J. J.

2105 S. Broadway.