

MAR 5 - 1937 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH **St. Louis Maternity Hospital**

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City

(No. **630 S. Kingshighway**)

File No. **4399**

Registered No. **2286**

St. Ward)

2. FULL NAME **Brown, Infant**

(a) Residence, No. **4407 Kennerly Avenue St.** **11** 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 **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **2-8-37**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) **St. Louis, Missouri**

13. NAME **Unknown**

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

15. MAIDEN NAME **Brown, Ellen Lucile**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Marion, Ark**

17. INFORMANT **Ellen Lucile Brown**
 (ADDRESS) **4407 Kennerly Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Adams Maternity Hosp 2/8/37**

19. UNDERTAKER **Dept of Pathology**
 (ADDRESS)

20. FILED **FEB 24 1937** **J. F. Bredbeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 8, 1937**

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 **6:05 p.m.**

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

Pre eclampsia of mother
34 wks
 Date of onset

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) **Geornuff J.** M. D.

(Address) **St. Louis Maternity Hospital**

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.

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