MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital St. Ward)

File No. 8217

Registered No. 1666

2. FULL NAME Mabel Brown

(a) Residence, No. 6931 Bruno St., Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1999

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
27	5	12	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At 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) Salem
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Wm. Whitaker

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Pearl Wallce

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

17. INFORMANT Allen Brown
(ADDRESS) 6931 Bruno

18. BURIAL ~~CREMATION OR REMOVAL~~ at Salem, Mo
PLACE DATE Feb. 8, 1937

19. UNDERTAKER A. N. McLaughlin
(ADDRESS) 2301 Lafayette Ave.

20. FILED FEB 8 - 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 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 1:00 P m.

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

	Date of onset
Septic Pneumonia	
and Septicemia	
following abortion	
spontaneous	

Other contributory causes of importance:
cause unknown

140

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? ..... 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) Joseph M. Zeugner, M.D.

(Address) Deputy Coroner

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.