B1773 APR 9 1937

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

Do not use this space.

10389

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2961

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

City St Louis (No. City Hospital #1 St. ..... Ward)

2. FULL NAME Anna Mae Brunson

(a) Residence, No. 4267 Delmar St. 19 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 White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/31/1907

7. AGE 29 YEARS 6 MONTHS 15 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME John Porter

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

MOTHER

15. MAIDEN NAME Emma Morris

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

17. INFORMANT (ADDRESS) M. Williams City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wesleyan Cem., DATE March 18/37.

19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave.

20. FILED MAR 17 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/13/37, 19, to 3/15/37, 19

I last saw her alive on 3/15/37, 19 Death is said to have occurred on the date stated above, at 11:20 a m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

108

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Roy Greenbaum, M. D.

(Address) City Hospital #1.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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