

MAY 7 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.

Township

Primary Registration District No.

City St. Louis

(No.)

City Hospital No. 1

B. 18303

File No.

Registered No.

3936

St.

Ward)

2. FULL NAME

Esther Brown

(a) Residence, No.

6118 West Park 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

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFAndras Brown

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

April 24, 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

5811208. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.hwk9. 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)

Hungary

(STATE OR COUNTRY)

13. NAME

Andy Kovacz

14. BIRTHPLACE (CITY OR TOWN)

Hungary

(STATE OR COUNTRY)

15. MAIDEN NAME

The resa

16. BIRTHPLACE (CITY OR TOWN)

Hungary

(STATE OR COUNTRY)

17. INFORMANT

Hosp. Info. MH. Kent

(ADDRESS)

City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Peter's ChurchDATE 4 - 1937

19. UNDERTAKER

(ADDRESS)

Freyschauer's Mortuary's4104 Manchester ave

20. FILE

APR 14 1937J. T. Bredick

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/14/37 1922. I HEREBY CERTIFY, That I attended deceased from
3/24/37, 19..... to 4/14/37, 19.....I last saw her alive on 4/14/37, 19..... Death is saidto have occurred on the date stated above, at 3.50 a.m.

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

Generalized peritonitis
following operation
for myoma of uterus
non-malignant.Other contributory causes of importance:
Ch. MyocarditisName of operation HysterectomyDate of 4/17/37

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

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) J. E. Geyhorne, M. D.(Address) City Hospital no. 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.

OCCUPATION hwk

MOTHER FATHER

92C

