

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.

JUL 8 - 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. **100B**
City **St. Louis Mo** (No. **2331**) **Sasalle** 2 St. Ward)

File No. **21757**
Registered No. **5509**

2. FULL NAME

Genella Boyd Browne
(a) Residence No. **2339** **Sasalle** St., **22** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1 - 1898**

7. AGE YEARS **35** MONTHS **39** DAYS **1** IF LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) **St. Louis Mo.**

13. NAME **Wayton Boyd**

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

15. MAIDEN NAME **Radhell Kaiser**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**

17. INFORMANT (ADDRESS) **Harry Boyd** **2305** **Sasalle** **St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **6. 5 - 1937**

19. UNDERTAKER (ADDRESS) **Atkins Bros and Co** **3644** **7** **Jefferson**

20. FILED **JUN 3 1937** **J. W. Dredge** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 2 1937**

22. I HEREBY CERTIFY, that I attended deceased from **May 31**, 1937, to **June 2**, 1937

I last saw **her** alive on **May 31**, 1937. Death is said to have occurred on the date stated above, at **4 a. m.**

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

Mitral Insufficiency Date of onset **2**

Other contributory causes of importance: **Bronchial Pneumonia** **May 30**

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? **No**
If so, specify.....

(Signed) **St. Louis Schuchat**, M. D.
(Address) **2200 Chouteau ave.**

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