

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

REC'D MAR 24 1938

8127
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. _____
 (b) Township _____ Primary Registration District No. _____
 (c) City Richmond Heights (d) Street No. St. Mary's Hospital Registered No. 253
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mattie A. Brown, 650
 (a) Residence, No. 422 S. Geyer Rd., St. Kirkwood, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 6, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from February 1st 1938, to February 6, 1938
 I last saw h. er alive on February 6, 1938. Death is said to have occurred on the date stated above, at 6:15 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1861-3-8

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 28

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Broncho pneumonia Acute 2/30
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville, Mo. 6

Other contributory causes of importance: 107th

FATHER 13. NAME James Z. Burgee, 6
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 9

Hypertension (arterio-sclerosis) ?

MOTHER 15. MAIDEN NAME Emily Brown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys findings Was there an autopsy? NO

17. INFORMANT (ADDRESS) Mrs. Bernard A. Purcell,
28 Ridgemoor Drive

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 2/8/38

Manner of injury _____
 Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS) Robert J. Ambruster
Clayton Road at Concordia Lane

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) August G. Kishman, M. D.
 (Address) 4660 Maryland Ave.

20. FILED 2-7 1938 J.R. Meyer Local Registrar.

Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994

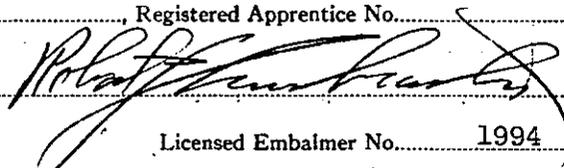
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 1994

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)