

REC'D FEB 10 1939

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

421

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St. Louis (d) Street No. Wednesday Club, Taylor & Westminster  
 (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

300 Mabel Brown Todd  
 (a) Residence, No. 5409 Vernon Ave. St. 5  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Hiram Harold Todd  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, ?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 65

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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

12. BIRTHPLACE (CITY OR TOWN) Haverhill,  
 (STATE OR COUNTRY) Massachusetts

FATHER 13. NAME William Wylie Brown

14. BIRTHPLACE (CITY OR TOWN) Paisley,  
 (STATE OR COUNTRY) Scotland

MOTHER 15. MAIDEN NAME Mary Elizabeth LeBosquet

16. BIRTHPLACE (CITY OR TOWN) Haverhill,  
 (STATE OR COUNTRY) Massachusetts

17. INFORMANT Marjorie Todd Wright  
 (ADDRESS) 5510 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla DATE Jan. 14, 1939

19. FUNERAL DIRECTOR (NAME) Alexander & Sons  
 (ADDRESS) 6175 Delmar Blvd.

20. FILED JAN 13 1939 J. D. Budick  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 12, 1939, to Jan 12, 1939

I last saw her alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 12:00 Noon

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

Cerebral hemorrhage 1/12/39  
Chronic suppurative arteriosclerosis

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Joseph D. Coere, M. D.

(Address) 1462 N. Taylor

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*J W M Dinkley*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *J W M Dinkley*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis, Mo.*

*6475 Delmar Blvd*

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

If this body is not embalmed, above space should be left blank.

*1924 Taylor*