

Do not use this space.

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.

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1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township Bonhomme Primary Registration District No. 1200
 City Ballwin (No. Crescent Nursery) St. 7 Ward 1

2. FULL NAME Louise Brown
 (a) Residence, No. Baldwin Ave. St. 1200 Ward 1
 (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. (If nonresident, give city or town and State)

File No. 3927
 Registered No. 7

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>8</u>	<u>29</u>	

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. Retired

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.

MOTHER FATHER

13. NAME John Gardner?

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

15. MAIDEN NAME Unknown

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

17. INFORMANT John Brown

(ADDRESS)

18. BURIAL CREMATION, OR REMOVAL St. Mary's DATE Jan 4 1939

19. UNDERTAKER J. J. Brown

(ADDRESS)

20. FILED JAN - 3 1939 W. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1938, to January 1st 1939
 I last saw her alive on Jan 1st 1939. Death is said to have occurred on the date stated above, at 7:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Chronic nephritis
 Date of onset

Other contributory causes of importance: arteriosclerosis
leukemia

Name of operation none Date of.....
 What test confirmed diagnosis? Physical 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 home
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) B. R. Loring, M. D.
 (Address) Ballwin, Mo.

