

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

4571
 Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 4428 Garfield Registered No. 1264
 (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

(a) Residence, No. 6571 KATE BROWN 4428 Garfield St. 11
 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 18 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 ~~1853~~ 10 29 — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) (STATE OR COUNTRY) Columbia, Tenn

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME "

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

17. INFORMANT Hattie Starnes
 (ADDRESS) 4428 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 9-10

19. FUNERAL DIRECTOR Pinkie Toney
 (ADDRESS) 2129 Lucas Ave

20. FILED FEB 8 1939 J. B. Bredack
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1939, to 2/7, 1939
 I last saw her alive on 2/7, 1939. Death is said to have occurred on the date stated above, at 2:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
 Senility

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) Leo Comissionig, M. D.
 (Address) 1701 Whittier

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

Clare Young

Licensed Embalmer No. *2370*

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.)