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.

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

Do not use this space.

22428

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Barnes Hos St. ..... Ward)

File No. 6620

Registered No.

**2. FULL NAME** Laura Ellen Brumagim

(a) Residence. No. 1524 N. 44th St. St., 12 Ward. E. St Louis Ill
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 (OR) WIFE OF: Francis E.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 8. 1867

7. AGE: 60 YEARS, 8 MONTHS, 15 DAYS. If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): LOUISIANA
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Joseph. Love
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Nancy Crockwell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): GA.

14. INFORMANT: Mrs. H. R. Landhalt
(Address): 1524 N. 44th St. E. St. Louis

15. FILED 24 1928 19 Max C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-23- 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-15-28, 19..., to 6-23, 1928, that I last saw h. 12 alive on 6-23, 1928, and that death occurred, on the date stated above, at 1208 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
Heart Block
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pneumonia Broncho
(duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical observations

(Signed) Charles H. Dudan, M. D
, 19 (Address) Barnes Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Hope Cem. E. St. Louis Ill
DATE OF BURIAL: June 25 1928

20. UNDERTAKER: Jos. A. Kurrus. L & U. Co
ADDRESS: E. St. Louis Ill.