

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

Do not use this space.

38382

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... **St. Louis** Primary Registration District No. **1003**
 City..... **St. Louis** (No. **541 W. Davis St**)

File No.....
 Registered No. **0996** St. _____ Ward)

2. FULL NAME

Bridget Brown
 (a) Residence, No. **541 W. Davis** St., **1** Ward.
 (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.

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 **John Brown**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 66 ✓ ✓

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at Home**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Ireland**

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

14. INFORMANT **alice jeller** (Address) **541 W. Davis St**

15. FILED **NOV 10 1928** **W. C. Stankley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 8 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 5**, 19**28**, to **Nov 8**, 19**28**, that I last saw him alive on **Nov 7**, 19**28**, and that death occurred, on the date stated above, at **7:15 A. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic Coma
59 (duration) yrs. mos. **3** ds.

CONTRIBUTORY (SECONDARY) **diabetes Mellitus** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____ WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **August M. Peters** M. D. **Nov 9, 1928** (Address) **601 Missouri Bldg**

*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 **Mount Olive** DATE OF BURIAL **11/12 1928**

20. UNDERTAKER **Southern** ADDRESS **731 S Brady**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Handwritten text at the top left corner, possibly a signature or page number.