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

Do not use this space.

32741

1. PLACE OF DEATH

County ..... Registration District No. 781 File No. 32741

Township ..... Primary Registration District No. 50013 Registered No. 9604

City St. Louis (No. Mo. Baptist Hosp. St. ..... Ward)

2. FULL NAME Anna E. Brown

(a) Residence. No. 5960 Ridge Ave. 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 19-1869

7. AGE: Years 61 | Months 8 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Desota Missouri

PARENTS

10. NAME OF FATHER: Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: Felix T. Brown
(Address) 5960 Ridge Ave.

15. FILED ..... 19 Max C. Harvey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 11, 1931.

17. I HEREBY CERTIFY, That I attended deceased from July 22, 1931, to Sept. 11, 1931, that I last saw her alive on Sept. 10, 1931, and that death occurred, on the date stated above, at 3:25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myo Cardilis acute Operation for Obstruction of Bowels due to Fecal Impation (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Sephicemia (duration) ..... yrs. 2 mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Aug 3, 31

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) Chester A. Poe, M. D

Sept. 11, 1931 (Address) 6123 Easton Ave

*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: Oak Grove Cem. DATE OF BURIAL: Sept 14, 1931.

20. UNDERTAKER: Jos. W. Clark ADDRESS: 1125 Hodiamont Ave.

WRITE PLAINLY, WITH UN...

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.