

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.

Must receive OK. of
 coroner's office.
 Box

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

Do not use this space.

2153

1. PLACE OF DEATH

County St. Louis
 Township Crestal
 City Clayton

Registration District No. 790
 Primary Registration District No. 6033
 (No. St. Louis County Hosp.)

File No.
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. 667 1/2 Blendale Ave. St., Ward.

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)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18, 1932

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10
 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) mo.

13. NAME George Brown

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

15. MAIDEN NAME Ainette Moore

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis Ill. DATE 2/24/33

19. UNDERTAKER (ADDRESS) R. M. C. Green 3217 Blendale Ave.

20. FILED 2-23-1933 R. W. Sullivan Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16/33 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1933 to Feb 16, 1933

I last saw her alive on Feb 16, 1933 Death is said to have occurred on the date stated above, at 6:35 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia - Probably
10 days
 Date of onset Feb 10 1933

Other contributory causes of importance:

Myocardial Regurgitation
10 days

Name of operation Date of

What test confirmed diagnosis? 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

Where the injury occurred (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Name of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) B. C. Korshak M. D.

(Address) St. Louis Co. Hosp Clayton, Mo

