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.

11538

791

1. PLACE OF DEATH

County ..... Registration District No. 1003

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

City St. Louis (No. Jewish Hospital St. ..... Ward)

File No. .....

Registered No. 2612

2. FULL NAME Isabel Brown

(a) Residence, No. Forest Park Hotel St., 12 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1857.

7. AGE YEARS 75 MONTHS 10. DAYS 5. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Part-owner - 93

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Society of Applied Arts 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) Kansas City, Mo.

FATHER

13. NAME Frederick O. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Utica) New York

MOTHER

15. MAIDEN NAME Mary Cozzens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Utica) New York

17. INFORMANT (ADDRESS) Cecelia Robinson. Forest Park Hotel.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Placid N.Y. DATE 3-18-1933

19. UNDERTAKER (ADDRESS) O. R. Lipton & Sons #4440 Olive Street

20. FILED MAR 18 1933 19 Max C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1933, to 3/15, 1933

I last saw her alive on 3/15, 1933. Death is said to have occurred on the date stated above, at 12 45 p.m.

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

	Date of onset
Degenerative heart disease	
Pneumonia Broncho	
Chronic Myocarditis	

Other contributory causes of importance:

Hypertension 93

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray 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) Harry Agress M. D.

(Address) Jewish Hospital, St. L. Mo.