

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

Do not use this space.

27500

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 784
 Township Ferdinand Primary Registration District No. 0030
 City Unionville Ed (No. 43) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Fannie Lushia Brower

(a) Residence, No. _____ St. _____ 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-20-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

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) St. Paul, Missouri

13. NAME Joseph Lushia

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Susan Blankenship

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No known

17. INFORMANT (ADDRESS) Lester & Susie Brower

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE 8-29th 1933

19. UNDERTAKER (ADDRESS) Emmy's Sons, 124 Jeff Blvd, St. Charles Mo

20. FILED 9-6 1933 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1933, to Aug. 26 1933

I last saw her alive on Aug. 26th 1933. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Carcinoma of Liver Date of onset 11/15

Other contributory causes of importance:

Name of operation Explantory Date of death
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. J. Williams, M. D.

(Address) J. J. Williams, 414

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