

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

Do not use this space.

18115

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... **St. Louis** (No. **5617**), **Greer Ave.**..... St. Ward)

File No.
 Registered No. **4565**

2. FULL NAME Anna Brown

(a) Residence, No. 5617 Greer Ave...... St. 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) Oct. 13th, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	75	6	20	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>
	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) Denmark

FATHER 13. NAME Unknown Larsen

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT Ms. Eleanor Brown (ADDRESS) 5617 Greer Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE May 5th 1934

19. UNDERTAKER H. F. Bergman (ADDRESS) 1905 Union Blvd.

20. FILED 1934 J. T. Beedick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1934 to May 3, 1934. I last saw her alive on May 3, 1934. Death is said to have occurred on the date stated above, at 11:25 p.m.

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

Coronary occlusion Date of onset 3/3/34
ASC
 Other contributory causes of importance: chronic Myocarditis

Name of operation clinical Date of No
 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....., 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? No
 If so, specify.....
 (Signed) H. F. Bergman M. D.
 (Address) 5601 S. St. Louis ave.

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.

JUN 10 1934

5601 St Louis

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