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.

791

1. PLACE OF DEATH SEP 13 1934

County ..... Registration District No. 1003 File No. 27641

Township ..... Primary Registration District No. ..... Registered No. 7892

City St Louis (No. City Hosp #1 St. ..... Ward)

2. FULL NAME 6603 Ruth Brown

(a) Residence, No. 3307 N. 11th St. 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
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) Nov 9 - 1933

7. AGE: YEARS 0 MONTHS 8 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. 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 Louis Mo

FATHER
13. NAME Edw Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER
15. MAIDEN NAME Norma Sutler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Hosp Dep M Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Aug 1, 1934

19. UNDERTAKER (ADDRESS) Goodhart & Goodhart 2228 St Louis Ave

20. FILED AUG - 1 1934 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/23, 1934, to 7/30, 1934
I last saw her alive on 7/30, 1934. Death is said to have occurred on the date stated above, at 11:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Primary	7/24
107A	

Other contributory causes of importance:

Name of operation ..... Date of .....
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) W. F. Qualtrough, M. D.
(Address) .....

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

7892

St Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Reith Brown

Who died at City Hosp #1 on July 30 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, ~~married, widowed or divorced~~: _____

Date of birth _____ Age: Years 0 Months 8 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Broncho-pneumonia

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Bronchopneumonia, primary

Other contributory causes of importance none

Name of operation _____ Date of _____ 107a

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. F. Brelech Date filed 9-24-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McGaugh M.D.
G.C.

Reg. Dist. No.

Primary Reg. Dist. No.

Special Agent.

S-27641