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.

MAY 31 1937

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

Do not use this space.

17570

1. PLACE OF DEATH
96 County Saint Louis — Registration District No. 790 — File No.
2 Township ~~Jefferson~~ — Primary Registration District No. 6033a — Registered No. 137
4 City Clayton (No. St. Louis, County Hospital St. Ward)

2. FULL NAME Emma Brown
(a) Residence, No. 1116A Delaware Avenue St., Ward. Wellston, Missouri
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 2nd, 1861

7. AGE 75 YEARS — MONTHS 6 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Iowa

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Ben. P. Brown 1116A Delaware Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Apr. 6th, 1937

19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Avenue.

20. FILED 4/5 1937 Dr A. J. Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 3/30/37, 19.., to 4/4/37, 19..
I last saw her alive on 4/4/37, 19.. Death is said to have occurred on the date stated above, at 2.5 m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
General Arteriosclerosis
and Hypertension Chronic

Date of onset

Other contributory causes of importance:
Chronic Interstitial Nephritis
Hypostatic Congestion

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Wm Mowrey, M. D.
(Address) St. Louis Co. Hosp.