

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.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **ST. LOUIS CMO** (No. **St. Louis Children's Hospital**) Registered No. **18817**
 (No. **5393**) (Ward)

2. FULL NAME **Rhoda Brown**

(a) Residence, No. **2224 Dickson** St. **21** 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 **F.** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** **Child**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **5-25-1936**

7. AGE YEARS MONTHS DAYS ^{**} IF LESS than 1 day, hrs. or min.
1 **0** **4** **4**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **XXX**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **XXX**
10. Date deceased last worked at this occupation (month and year) **XXX** **11. Total time (years) spent in this occupation** **XXXXX**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo**

13. NAME **Grover Cleveland Brown**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kansas**

15. MAIDEN NAME **Edna Mueller**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT (ADDRESS) **T. S. Westhoff**
500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **St Malheur** DATE **June 1, 1937**

19. UNDERTAKER (ADDRESS) **J. W. McLaughlin**
2301 Lafayette

20. FILED **MAY 30 1937** **J. H. Redbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-28-1937** 19

22. I HEREBY CERTIFY, That I attended deceased from **5-27-1937** **5-28-1937**
 I last saw her alive on **May 28, 1937** Death is said to have occurred on the date stated above, at **8:16PM**

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

Influenza Meningitis
Acute suppurative otitis media
 Date of onset **11/5**

Other contributory causes of importance:
Acute suppurative otitis media

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 **None**
 (Signed) **Ralph H. Barlow** M. D.
 (Address) **500 S. Kingshighway**

