

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

Do not use this space.

**JUL 8 - 1937**

791

21692

**1. PLACE OF DEATH**

County.....

Registration District No. ....

Township.....

Primary Registration District No. ....

File No. ....

Registered No. ....

C 1466 **St. Louis**

(No. **1003**) **City Hospital No. 1**

St. .... Ward)

**2. FULL NAME**

**Myrtle Brinks**

(a) Residence, No. **4039 McPherson St., 19** 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/31/37**, 19

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

22. I HEREBY CERTIFY, That I attended deceased from **5/1/37** to **5/31/37**, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 3, 1889**

I last saw h. **her** on **5/31/37**, 19. Death is said to have occurred on the date stated above, at **8.30 p.**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
<b>47</b>		<b>6</b>	<b>28</b>	

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

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

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

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

*Chronic cardiac valvular disease (mitral stenosis & insufficiency) chronic cystitis Catarrh*

12. BIRTHPLACE (CITY OR TOWN) **Greenville**  
(STATE OR COUNTRY) **Mississippi**

Other contributory causes of importance:  
*Psychosis, type undetermined, left hemiplegia, results of cerebral hemorrhage*

13. NAME **Granvills S. Davison**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **No**

14. BIRTHPLACE (CITY OR TOWN) **Ohio**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Belle Roy**

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

17. INFORMANT **Hosp. Infom. Kent**  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL **Oak Grove Cem.** DATE **June 3, 1937**

19. UNDERTAKER **C. R. Lupton & Sons.**  
(ADDRESS) **4449 Olive St.**

20. FILED **JUN - 11 1937** *J. J. Bradach* Registrar.

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) *Charles M. Jessaro*, M. D.  
(Address) **City Hospital No. 1**

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.

899723

