

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

35980
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2716 N. Keppingswell** St. **20**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Susan Brown**
 (a) Residence, No. **2716 N. Keppingswell** St. **20** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1856**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt. 81 — — — — —
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Hub.**
 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 **Unknown**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
 MOTHER
 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
 17. INFORMANT (ADDRESS) **Miss Alice Perry 43 Cote-Brilligante**
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Calvary Oct. 14, 1937**
 19. FUNERAL DIRECTOR (ADDRESS) **W. C. Gordon 2649 Delmar Blvd. St. Louis**
 20. F. I. D. No. **1937-1027** Local Registrar **J. Bedeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 11, 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **Oct. 4, 1937** to **Oct. 11, 1937**
 I last saw her alive on **Oct 7, 1937**. Death is said to have occurred on the date stated above, at **4 a. m.**
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset **Oct 3**
Aortic Stenosis
 Other contributory causes of importance: **None**
 Name of operation Date of
 What test confirmed diagnosis? **clin.** 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) **W. A. Mueller** M. D.
 (Address) **2335 Franklin**

WHITE 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.

STATEMENT BY LICENSED EMBALMER

I, Clay Young, Licensed Embalmer No. 3371
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.
Signed Clay Young
Licensed Embalmer No. 3371

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)