

REC'D FEB 10 1939

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

353

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis, (d) Street No. 4541 Ashland Ave.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 620 Annie Brough.
4541 Ashland Ave. St. 10
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David A. Brough.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1859.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
79. 9. 25.

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. At. Home.
 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) Scotland.FATHER 13. NAME Dougall MacDougall14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland.MOTHER 15. MAIDEN NAME Isabelle Mac Vey.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland.17. INFORMANT Mrs Annie Nelson.
(ADDRESS) 4541 Ashland Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine. DATE Jan 12, 193919. FUNERAL DIRECTOR Math Hermann & Son.
(ADDRESS) 2161 East Fair Ave.20. FILED JAN 11 1939
J. B. Bredbeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1939 to Jan 9 1939
 I last saw him alive on Jan 9 1939 Death is said to have occurred on the date stated above, at 1.30 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the Lungs
also Metastasis
 Date of onset not known

Other contributory causes of importance: also MetastasisName of operation None Date of no
What test confirmed diagnosis? no 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) Samuel J. Bredbeck, M. D.
 (Address) 701 - Clark St

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

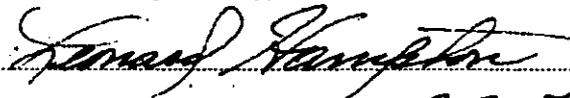
I,; Licensed Embalmer No.

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..... 

Licensed Embalmer No. 2967

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.)