AY 19 1939

REC'D JUN 8 1939

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

19696
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Clayton~~ — Primary Registration District No. 07 — Registered No. 911
or
(c) City Clayton — (d) Street No. St. Louis Co Hospital St.
(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 0 yrs. 0 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 657 Ruth Ann Brown
(a) Residence, No. Allenton, Mo. St.
(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: John Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 15-1850

7. AGE: YEARS 88 — MONTHS 8 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired housewife
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): Mar. 1-1938
11. Total time (years) spent in this occupation: 68

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson, Co. Mo.

FATHER
13. NAME: Larry Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Sam Witworth, Allenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Allen Cemetery
PLACE: Allenton, Mo. DATE: May, 21-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Schrader Funeral Home, Ballwin, Mo.

20. FILED MAY 19 1939 — R. Meyer M.D. D.P.H. Local Registrar.

B.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1939. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.20AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental fall from a chair upon the floor----------	4/5/39
Other contributory causes of importance: 186a	
Fracture of the left hip.	4/5/39

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical signs Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/5/39
Where did injury occur? Allenton, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury: Fall from chair
Nature of injury: Fractured hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John O'Connell 4, M. D.
Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ✓, Registered Apprentice No. —

working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Lewiston, Me

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

If this body is not embalmed, above space should be left blank.