

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis County Hospital Registration District No. 790
 Township Central Primary Registration District No. 6032
 City Clayton (No. North Bond Road) St. Ward

2. FULL NAME

Mrs. Annie Brighton

(a) Residence, No. 7221 West Catalpa Ave. Ward. Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. B. Brighton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11, 1863</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>9</u>
		<u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
13. NAME <u>James Gabriel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Mrs. S. B. Hunt</u> (ADDRESS) <u>7221 W. Catalpa</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>5/3/34</u> <u>330 P.M.</u>		
19. UNDERTAKER <u>Chas. A. Bull</u> (ADDRESS) <u>4259 Lindell St.</u>		
20. FILED <u>5/3</u> 19 <u>34</u> <u>Robert J. Leubach</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 , to 19 I last saw him alive on 19 . Death is saidto have occurred on the date stated above, at 8 A.M.

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

Extreme obese, Senile, in firmities. Fell down back stairs, fractured the 11th femur, at her own home, was taken to St. Louis County Hospital, April 11th, developed hypostatic pneumonia, mostly right lung and extreme bed sores.

Name of operation clin and lab Date of noWhat test confirmed diagnosis? clin and lab 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?

If so, specify (Signed) S. B. Hunt M. D.(Address) 3718 Jennings St.Coroner St. Louis Co., Mo.

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.

Sec: Hypostatic pneumonia . Septic absorbtion
from bed sores, 1 week duration.

All records of illness and accident can be
had at St. Louis - County Hospital.