

Do not use this space.

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

18827

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No. 1003
City St. Louis, Mo. (No. 5854 Cabanne Avenue) St. (Ward)

File No.
Registered No. 5645

2. FULL NAME Hetta Pauline Braedt

(a) Residence, No. 5854 Cabanne Avenue St., 9 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5, 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 2 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Orlando Servis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER (Unknown) Flint

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Leonard Braedt
5854 Cabanne Ave

15. FILED 9 1924 Max G Starckoff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7th, 1924

17. I HEREBY CERTIFY That I attended deceased from 8th May 1924 to June 7th 1924 that I last saw her alive on 6th 1924 and that death occurred, on the date stated above, at 10:15 P. a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis
131
707
(duration) 1 yrs. 1 mos. - da.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 2 yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WHAT TEST CONFIRMED DIAGNOSIS? Examination of urine - kidney function
(Signed) Claude D. Parkhill M. D.
, 19 (Address) 653 Century Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla DATE OF BURIAL June 10 1924

20. UNDERTAKER Blumenfeldson ADDRESS 316 S. Grand

WRITE 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.

