

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

Do not use this space.

32100

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

City St. Louis (No. 1809 So 9 St)

File No.....

Registered No.

9475

St.

Ward)

2. FULL NAME

Frank Brabec

(a) Residence. No. 1809 So 9 St. 23 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 8 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Pauline Brabec

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

Jan 26-1898

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
29	8	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work machinist

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

St. Louis Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Frank Brabec

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Europe

12. MAIDEN NAME OF MOTHER

Mary Wurch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Europe

14.

INFORMANT Pauline Brabec
(Address) 1809 S 9 St

15.

FILED 24 1927 Maub Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-22-1927

17.

I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

that I last saw h..... alive on..... 19....., and that death occurred, of the date stated above, on..... 4:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Poison
1630

CONTRIBUTORY (SECONDARY)

Suicide
(duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Wm. Dwyer M.D.

10/24/27 (Address) Dwp Coroner

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Missouri Crematory Oct. 25 1927

20. UNDERTAKER

ADDRESS

Wm. G. Moy dell 1926 Allen

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.

