

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

Do not use this space.

42405

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. St. Louis Baptist Hospital St. _____ Ward 1)

File No. _____
 Registered No. 12133

2. FULL NAME

Mary Louise Brand
 (a) Residence. No. 2764 LaSalle St. 22 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 12 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William L Brand

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
58 8 16

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) at Home
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER Frank Zeffrey

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

12. MAIDEN NAME OF MOTHER Jan Kauter

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

14. INFORMANT William L Brand

(Address) 2764 LaSalle St

15. FILED DEC 23 1929 Ray E Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Dec 12, 1929, that I last saw h alive on Dec 12, 1929, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis (Intermittent)

CONTRIBUTORY (SECONDARY) Chronic Myocarditis (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

19. WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Lab - Physical
 (Signed) Stephen J. DeGree M. D.

(Address) 3202 1/2 Park

*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 Lick Creek Mo DATE OF BURIAL Dec 16 1929

20. UNDERTAKER Kriegshausen & Co ADDRESS 4104 Manchester

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.

