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

Do not use this space.

25353

File No. 7586

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Mary's - Infirmary St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Mary Brandemeier

(a) Residence. No. 3527 California Ave St. 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29 - 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59	7	28	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Fopiano

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

12. MAIDEN NAME OF MOTHER Dont. Known

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

14. INFORMANT E. J. Brandemeier
(Address) 3527 - California ave

FILED JUL 29 1930 Wm C Starkloff REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 7/9/30, 19..., to 7/27, 19 30 that I last saw her alive on 7/27, 19 30, and that death occurred, on the date stated above, at 4:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
80
MD
3 yr
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Syphilis - (Tabes Dorsalis)
Fracture - neck of rt. femur (spontaneous)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm J. Wittaua, M. D.
, 19 (Address) 1536 Papin St.

*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 SS. PETER-PAUL — DATE OF BURIAL July 30 1930

20. UNDERTAKER Edm F. Howard & Son — ADDRESS 4212 St. Louis ave

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.