

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

Do not use this space.

17782

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. Anthony Hospital) St. _____ Ward _____
Registered No. 4736

2. FULL NAME

(a) Residence, No. 35368 Wyoming St., 16 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 15 - 1854</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>5</u>
		DAYS
		<u>28</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>at home</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St. Louis, Mo.</u>	
FATHER	13. NAME	<u>Christopher Braun</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
	15. MAIDEN NAME	<u>Frances Gerst</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
MOTHER	17. INFORMANT (ADDRESS)	<u>Jos. A. Schlicht</u> <u>3217 Longfellow Bl</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>St. Peter's (Purd. Cem.)</u> DATE <u>May 16 1932</u>
	19. UNDERTAKER (ADDRESS)	<u>Petty Bros</u> <u>3029 Lafayette St</u>
	20. FILED	<u>May 18 1932</u> <u>W. C. Stahl</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1930, to May 13th 1932
I last saw her alive on May 12th 1932. Death is said to have occurred on the date stated above, at 6:20 m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Chronic Myocarditis 5 years
9.5C
97
Other contributory causes of importance: Arterio-sclerosis - 5 yrs.

23. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____
(Signed) Albert Dieckhoff, M. D.
(Address) 3548 S. Grand St.

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.

Berkeley - a-
3548 Santa Barbara