

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.

NOV 28 1932

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

Do not use this space.

33385

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 784
 3 Township Ferguson Primary Registration District No. 6930
 4 City Ferguson (No. 309 Randolph St.) St. _____ Ward _____

2. FULL NAME Genevieve Brandemede
 (a) Residence, No. 309 Randolph St., _____ Ward _____
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Brandemede
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 10
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) St. Louis 1
 13. NAME Gregory Peltonau 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
 15. MAIDEN NAME Antonia Metzger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
 17. INFORMANT Gregory Brandemede
 (ADDRESS) 309 Randolph
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Carrary DATE 10/27 32
 19. UNDERTAKER Harrigan & Harrigan (Co)
 (ADDRESS) 4405 Washington
 20. FILED 11/8 1932 E. J. Harris
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1932 to Oct 24 1932
 I last saw him alive on Oct 17 1932. Death is said to have occurred on the date stated above, at 9:50 am.
 The principal cause of death and related causes of importance were as follows:
Myocardial Regurgitation
9759 20
 Other contributory causes of importance: Emphysema
 Name of operation none Date of _____
 What test confirmed diagnosis Physical Was there an autopsy? Yes
 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?
 If so, specify _____
 (Signed) E. J. Harris, M. D.
 (Address) 1446 S. Grand

