

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

Do not use this space.

3345

File No. \_\_\_\_\_

Registered No. 242

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 707

Township \_\_\_\_\_ Primary Registration District No. 2052

City St. Louis (No. 5035, Shaw Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Margaret Brumbaek

(a) Residence, No. 5035 Shaw Ave St. 13 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late David Brumbaek</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 20, 1857</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>4</u>
	DAYS <u>15</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>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Unknown Margaret</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Herrnoff Schlueter</u> (ADDRESS) <u>5035 Shaw Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old St. Marcus</u> DATE <u>Jan 7</u> <u>33</u>		
19. UNDERTAKER <u>Thiney Glawen Mortuaries</u> (ADDRESS) <u>4328 So. Third Highway</u>		
20. FILED <u>JAN 27 1923</u> <u>Max C. [Signature]</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1932, to Jan 4 1933

I last saw her alive on Jan 30 1933. Death is said

to have occurred on the date stated above, at 11:35 P. m.

The principal cause of death and related causes of importance were as follows:

131  
Chronic Myocarditis Dec 4  
Chronic Nephritis

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) O. P. Upshaw M. D.

(Address) 3115 So Grand.

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.

3115

*apex*  
Holland + record

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