

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **Sanitarium**) St. Ward)

File No. **70347**
 Registered No.

2. FULL NAME

Kate Breidenbach
 (a) Residence, No. **City Infirmary St.** **13** Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred **50** yrs. **4** 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) **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 17, 1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

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) **Unknown Illinois**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Herbert P. Smith 5400 Arsenal St. St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New S. S. Peter + Paul** DATE **Jan. 21st, 1933**

19. UNDERTAKER (ADDRESS) **Fingenstein Bldg. 1241 1/2 Market St.**

20. FILED **Jan. 19 1933** **Max C. Stankov** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 18th, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 27, 1932 to Jan 15, 1933**

I last saw her alive on **Dec 18, 1933** Death is said to have occurred on the date stated above, at **2:50 p.m.**

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

Chronic myocarditis Date of onset **1932**
930 +
97

Other contributory causes of importance: **Arterio Sclerosis** **1932**

Name of operation **none** Date of

What test confirmed diagnosis? **clinical** 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? **None** (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 **Herbert P. Smith**, M. D.

(Signed) **Herbert P. Smith** (Address) **5400 Arsenal St.**

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.

WHITE PLAINLY WITH UNFADING INK---THIS IS A PERMAMENT RECORD

30
99

2
3
31

