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.

SEP 26 1933

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

Do not use this space.

27599

1. PLACE OF DEATH
96 County St Louis — Registration District No. 790 — File No.
3 Township Central — Primary Registration District No. 6033a — Registered No. 76
7 City Clayton (No. St Louis County Hospital St. Ward)

2. FULL NAME Mary Brettman

(a) Residence, No. 8915 St Charles RK Rd 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: 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: August Brettman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-9-1858

7. AGE: YEARS 75 — MONTHS 0 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Fredrich Kleeman
10 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Catherine Pankorst
10 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Geo Brettman 3428 N. 22nd St

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE Sept-2 1933

19. UNDERTAKER (ADDRESS): Cullinane Bros. 1710 N. Grand Blvd

20. FILED Sept. 1 1933 Robt J Ambrusko Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-18, 1933, to Aug-29, 1933
I last saw her alive on Aug-29, 1933. Death is said to have occurred on the date stated above, at 6.40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic	8/15/33
Encephalitis.	
17	
118	

Other contributory causes of importance:
Hypostatic
Pneumonia

Name of operation: None. Date of
What test confirmed diagnosis? Clinical. Was there an autopsy? Yes
Lab. signs.

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) John O'Connell, M. D.
(Address) 2561 Hodson
Overland, Mo.