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 10 1933

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

Do not use this space.

34720

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8882

Township ..... Primary Registration District No. 6003 Registered No. .....

City St Louis (No. 3428, North 22nd St St. ..... Ward)

2. FULL NAME Caroline Brettman

(a) Residence, No. 3428 N. 22nd St St., 20 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-12-1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	2	1	

OCCUPATION

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

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

FATHER

13. NAME Adam Wentzel

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

MOTHER

15. MAIDEN NAME Caroline Deckhardt

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus Cem. DATE Oct-16, 1933

19. UNDERTAKER (ADDRESS) Cullinane Bros. 1716 N. Grand Blvd.

20. FILED OCT 13 1933, 19 J. F. Biedeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1933, to Oct 13, 1933

I last saw her alive on Oct 13, 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
124B Chronic Myocarditis	Oct. 1931
93C	
Other contributory causes of importance:	
Cirrhosis Liver	Oct 1931
0	

Name of operation — none 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? no Date of injury no, 19.....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Oscar H. Engelmann, M. D.

(Address) 3115 S Grand

Dr Engleman
3115 S. Grand Blvd
2 to 3 pm