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

Do not use this space.

41670

JAN 26 1933

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 103

City St. Louis (No. 2246a Hebert St. ..... Ward)

File No. .....

Registered No. 10693

2. FULL NAME Anna Lucille Brake

(a) Residence, No. 2246a Hebert 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 24 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: Louis Brake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 15, 1906

7. AGE: YEARS 26 | MONTHS 11 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

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.: own home

10. Date deceased last worked at this occupation (month and year): Nov. 1933

11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

FATHER

13. NAME: Edward Nixon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

MOTHER

15. MAIDEN NAME: Anna Humes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): Mrs. Anna Nixon 2246a Hebert St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: Dec. 15, 1933

19. UNDERTAKER (ADDRESS): Sue Meyer & Sons 3934 N. 20 St.

20. FILED: [illegible] 1933 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 12th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1933, to Dec. 12th, 1933.

I last saw her alive on Dec. 12th, 1933, Death is said to have occurred on the date stated above, at 11 30 a.m.

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

Date of onset

Lobar Pneumonia

108

Other contributory causes of importance: None

108

Name of operation ..... 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? .....
(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) Goldburn H. Wilson, M. D.

(Address) 4106 W. Florissant

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 PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD