

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

Do not use this space.

3000

1. PLACE OF DEATH

County.....  
Township.....  
City *St. Louis*

Registration District No. **791**  
Primary Registration District No. **1003**  
No. *3115 Michigan near*

File No.....  
Registered No. **550**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *3115 Michigan near* St. *16* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jacob Flad.</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 4 1857</i>		
7. AGE	YEARS <i>76</i>	MONTHS <i>1</i>
	DAYS <i>12</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>	
	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) <i>Germany</i>		
MOTHER FATHER	13. NAME <i>Jacob Nath</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <i>Emil Flad</i> (ADDRESS) <i>3115 Michigan av.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Paulchyard</i> DATE <i>1-19 1934</i>		
19. UNDERTAKER <i>With Bros. &amp; Co.</i> (ADDRESS) <i>2929 S. Jefferson Av.</i>		
20. FILED <i>1934</i> <i>J. Bredeck</i> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 16 1934*

22. I HEREBY CERTIFY, that I attended deceased from *Aug 32, Jan 16 1934*  
I last saw h. *alive* on *Jan 10 1934* Death is said to have occurred on the date stated above, at *10:45* m.  
The principal cause of death and related causes of importance were as follows:  
*Myocarditis chronic*  
*nitral regurgitation*  
*arteriosclerosis*  
*interstitial nephritis chronic*

Other contributory causes of importance  
*None*

Name of operation *None* Date of.....  
What test confirmed diagnosis *chemical* 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....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
*Home*

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify *Sheep Schunk*  
(Signed) *J. Bredeck*, M. D.  
(Address) *1703 S Grand*

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.

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