

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

Do not use this space.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 24 1934

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 2945 N 21st)

Registration District No. 701
1003
Primary Registration District No. 11 21st

File No. 7031
Registered No. 1910
St. Ward)

2. FULL NAME

(a) Residence, No. 2615 N 22 St. 20 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

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 (late) John Henry Brante

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-28-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 0 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 Mo

13. NAME Gerard Frouches

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

15. MAIDEN NAME Caroline Unknown

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

17. INFORMANT son J. Brante (ADDRESS) 3945 N. 21

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem DATE Feb 26, 1934

19. UNDERTAKER Southern Trust Co (ADDRESS) 6320 S. Grand

20. FILED FEB 23 1934 J. T. Bredack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1934, to Feb 22, 1934. I last saw her alive on Feb 22, 1934. Death is said to have occurred on the date stated above, at 1:15 P.M.

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

Chronic myocarditis with acute dilatation
Senility
Enteritis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 W. H. Killeen, M. D.
(Signed) W. H. Killeen
(Address) 3121 N Grand

Dr. Kicker Grund
3121 N. Grand

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