

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

Do not use this space.

OCT 11 1934

34546

**1. PLACE OF DEATH**

City St. Louis (No. 5408, So Broadway)  
 County St. Louis Registration District No. 791  
 Township 11 Primary Registration District No. 1003  
 Ward 15 File No. 9353  
 Registered No. 9353 St. 15 Ward 15

**2. FULL NAME**

(a) Residence, No. 5408 So Broadway St. 15 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

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
92 3 20

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) Germany

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) St. Louis Alt. Home, 5408 So Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Near St. Marcus Cn DATE Sept. 24 1934

19. UNDERTAKER (ADDRESS) Joe P. Fendler Jr., 7128 Michigan St.

20. FILED EP 24 1934 J. T. Bredeck Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24 1934

I HEREBY CERTIFY, That I attended deceased from Sept. 10 to Sept 21 1934

I last saw him alive on Sept. 21 1934 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Terminal Broncho Pneumonia (Date of onset 10/25/34)

Other contributory causes of importance:  
Arterial Sclerosis (Grade 1)  
Indefinite

Name of operation None Date of None  
 What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 1934  
 Where did injury occur? None (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 None

24. Was disease or injury in any way related to occupation of deceased? None  
 If so, specify None  
 (Signed) J. T. Bredeck, M. D.  
 (Address) St. Louis, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

