

DEC 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. 791 '17

Township

Primary Registration District No. 1003

City St. Louis (No. Josephine Hospital)

File No. 40895

Registered No. 10839

St. Ward)

2. FULL NAME

Berolice Sebestel (Brante)

(a) Residence, No. 4062 Blaine St., 18 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 William Brante		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1890		
7. AGE	YEARS 54	MONTHS 7
	DAYS 24	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. 130	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	13. NAME Kusta Gricke
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Lorahye Kiefer
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	17. INFORMANT Marcell Sebestel (ADDRESS) 4062 Blaine Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Lutheran DATE Nov. 13 '34	
19. UNDERTAKEN (ADDRESS) The Schaefer Mortuary 4218 Southampton	
20. FILED 13 1934, 19 J. H. Bedeck Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/28, 1934, to 11/10, 1934

I last saw her alive on 11/10, 1934 Death is said

to have occurred on the date stated above, at 10:29 a.m.

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

acute pancreatitis
nephritis
white myocarditis
Patient had had chest pain for 2 or 3 weeks before she was killed. ^{10/28} ^{11/10}
had already developed the above condition and I do not feel what definitely caused the death.

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

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) E. A. Edwards, M. D.

(Address) 4216 Shaw Blvd

Chauteau Bldg