

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

Do not use this space.

FEB 21 1935

1. PLACE OF DEATH

County.....A..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **500 S. Kingshighway**) St. **125** Ward **125**
St. Louis Children's Hospital

2. FULL NAME

Mary Lou Bratz
 (a) Residence, No. **208 Adams Truoglers, Mo. n R** 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) **Child**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Child**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 12, 1934**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 3 21

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
 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) **Wagoner, Mo.**

FATHER 13. NAME **Peter**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Lucille Miller**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Shepherd**
 (ADDRESS) **2500 So. Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Summit Park** DATE **Jan 5, 1935**

19. UNDERTAKER **Joy Imbrey Bros**
 (ADDRESS) **67 Chesapeake**

20. FILED **1935** **Jan 4 1935**
J. E. Bredek
 Registrar.

MEDICAL CERTIFICATE OF DEATH

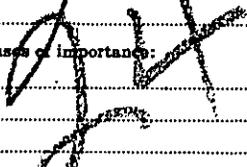
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/4/35** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 26**, 19**34**, to **Jan 4**, 19**35**

I last saw h. **at** alive on **Jan 4, 1935** Death is said to have occurred on the date stated above, at **6:20** a.m.

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

Tuberculous meningitis Dec 27
Miliary tuberculosis

Other contributory causes of importance:


Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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?..... If so, specify.....

(Signed) **W. E. Keiter**, M. D.
 (Address) **500 So. Kingshighway**

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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

