

MAY 7 1936

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

Do not use this space.

791

16968

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **4306**, **Kachelberger an** St. Ward)

2. FULL NAME

Mrs. Emma Brady
(a) Residence, No. **4306 Kachelberger St.** 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **60** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Francis J. Brady**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 17, 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 ~~64~~ **6** **21**

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

MOTHER 13. NAME **Eberhardt Kaiser**

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

15. MAIDEN NAME **Ernestine Brandenberger**

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

17. INFORMANT **Geo. H. Stewart**
(ADDRESS) **4306 Kachelberger an.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Paul Church** DATE **4/6** 1936

19. UNDERTAKER **Chas. A. Bull**
(ADDRESS) **4452 Washington St.**

20. FILE **APR 6 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr. 3rd** 1936

22. I HEREBY CERTIFY, That I attended deceased from **May 15th** 1905, to **Apr. 2nd** 1936
I last saw him alive on **Apr. 2nd** 1936. Death is said to have occurred on the date stated above, at **6:45 p.m.**

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

Chronic interstitial nephritis Date of onset **7 yrs**

Other contributory causes of importance:

Myocarditis **2 yrs**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **No**

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 _____

(Signed) **G. M. Schuweit**, M. D.

(Address) **2327 Lo. 12th St.**

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.

WHITE PEARLINE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

