

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.

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

Do not use this space.

JUN 5 1936

791

20879

## 1. PLACE OF DEATH

County..... Registration District No. **1003**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* (No. *St. Anthony Hospital*) St. *St. Anthony Hospital* (Ward)

## 2. FULL NAME

(a) Residence, No. *4547 Ray Ave.*, ..... Ward. *15*  
(Usual place of abode) (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Emma C. Bredeck</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 3, 1864</i>				
7. AGE	YEARS <i>71</i>	MONTHS <i>5</i>	DAYS <i>5</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Gracer</i>			
	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) <i>Missouri</i>				
MOTHER	13. NAME <i>Antonie Bredeck</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
	15. MAIDEN NAME <i>Virginia Gay</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mass</i>				
17. INFORMANT <i>Emma C. Bredeck</i> (ADDRESS) <i>4547 Ray Ave.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. John's</i> DATE <i>May 11, 1936</i>				
19. UNDERTAKER <i>Wagon L. L. Co.</i> (ADDRESS) <i>607 N. Grand</i>				
20. FILED <b>MAY 11 1936</b> <i>J. T. Bredeck</i> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-8*, 19*36*  
22. I HEREBY CERTIFY, That I attended deceased from *4-27*, 19*36*, to *5-8*, 19*36*  
I last saw h. *live* on *5-8*, 19*36* Death is said to have occurred on the date stated above, at *11:30 A.M.*  
The principal cause of death and related causes of importance were as follows:

Date of onset  
*Intestinal obstruction*  
*4/25/36*  
*H6*  
Other contributory causes of importance:  
*General carcinoma*  
*Carcinoma of caecum* *1/5/36*  
Name of operation *Interoostomy* Date of *4/25/36*  
What test confirmed diagnosis? *Chemical* *W. 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 .....  
(Signed) *M. J. Puller*, M. D.  
(Address) *607 N. Grand*

108