

MAR 5 - 1937

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

File No. 8115

Township .....

Primary Registration District No. 1003

Registered No. 1562

City *St. Louis*(No. *1917A St. Louis Ave*) St. Ward)

## 2. FULL NAME

*Mrs. Minnie Bretz (ne Foth)*(a) Residence, No. *1917A St. Louis Ave.* Ward. *26*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *45* yrs. mos. ds. *7* How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*F*

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

*Julius Bretz*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*Jan 26, 1862*

7. AGE

YEARS *75*MONTHS *0*DAYS *7*

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.

*own home*10. Date deceased last worked at this occupation (month and year) *1932*11. Total time (years) spent in this occupation *50*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*St. Louis, MO*

FATHER

13. NAME *Herman Foth* *10*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany* *10*

MOTHER

15. MAIDEN NAME *Anna Wellman*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS)

*Julius Bretz*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. John's Cem.* DATE *Feb. 5, 1937*

19. UNDERTAKER (ADDRESS)

*Truth Center Mortuary*  
*1870 30 Lindell Blvd.*

20. FILED FEB 4 - 1937

*J. Bredeck*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 2, 1937*22. I HEREBY CERTIFY, That I attended deceased from *July 30, 1936, to Feb 1, 1937*I last saw her alive on *Feb 1, 1937*. Death is said to have occurred on the date stated above, at *6:00 A.M.*

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

*Acute Endocarditis Jan 30/37*  
*Myocard Regurgitator - July 36*Other contributory causes of importance: *Chronic nephritis - July 36*

Name of operation .....

Date of .....

What test confirmed diagnosis? .....

Was 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? .....

If so, specify .....

(Signed) *B. J. Fitzgerald*, M. D.(Address) *1875 Madison*

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.

899

