MAR 5 - 1937

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

Do not use this space.

File No. 8518
Registered No. 1973

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis, (No. 3409 So. 2nd. St. ..... St. ..... Ward)

2. FULL NAME Caroline Brader

(a) Residence, No. 3409 So. 2nd. St. St., 24 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Brader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1873.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 35

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife V

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) Ste Genevieve Mo. 1

FATHER

13. NAME Bernhard Schmitt 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1c

MOTHER

15. MAIDEN NAME Theresia Doll

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

17. INFORMANT (ADDRESS) Elmer Brader 3409 So. 2nd. St.

18. BURIAL, CREATION, OR REMOVAL
SS. Peter and Paul Cem. DATE Feb. 18, 1937

19. UNDERTAKER (ADDRESS) J. H. Lubken & Co. 2642 Meramec St.

20. FILED FEB 15 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1937, to Feb 15, 1937

I last saw her alive on Feb 14, 1937. Death is said to have occurred on the date stated above, at 3:45 P. m.

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

Cerebral Apoplexy — Date of onset 2-14-37

Other contributory causes of importance:

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? No
If so, specify .....
(Signed) Robt. O. Urban, M. D.
(Address) 3665 So. Broadway

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

599