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.

MAY 7 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14222

Township ..... Primary Registration District No. 1003 Registered No. 3718

City St Louis (No. St Lukes Hospital St. ..... Ward)

2. FULL NAME Gertrude Bretscher

(a) Residence, No. 3730a Illinois St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1915

7. AGE: 255 — YEARS 21 — MONTHS 8 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
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) St Louis Mo

FATHER

13. NAME Herman Bretscher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Dora Gaebler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pocahontas Mo

17. INFORMANT (ADDRESS) Herman Bretscher 3730 Illinois Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cemetery DATE Apr 7 1937

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home Inc 1936 St Louis Ave

20. FILED APR 7 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-1-, 1937, to 4-4-, 1937

I last saw her alive on 4-4-, 1937. Death is said to have occurred on the date stated above, at 10:25 A M

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

Abscess of Brain Rt frontal
Cause unknown

Date of onset

78

Other contributory causes of importance:

Name of operation 4-3-37 Craniotomy 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) [signature], M. D.

(Address) Beaumont Bldg.

Phy PE