REC'D NOV 16 1938

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

791

34037
Do not use this space.

1. PLACE OF DEATH

(a) County ..... | Registration District No. 1003

(b) Township ..... | Primary Registration District No. ..... Registered No. 9023

(c) City St. Louis Mo. (d) Street No. Alexian Brothers Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 630 Albert J. Brda.

(a) Residence, No. 3537 A California Ave. St. 55 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 1869

7. AGE: Years 68 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Millwright
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) Bohemia

FATHER
13. NAME Joseph Brda
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT Joseph Brda
(ADDRESS) 3537 A California Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S.Peter & Paul DATE Oct 18 1938

19. FUNERAL DIRECTOR (NAME) Thos Curtis
(ADDRESS) 2906 Gravois Ave.

20. FILED OCT 17 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1938, to Oct 15, 1938
I last saw him alive on Oct 15, 1938. Death is said to have occurred on the date stated above, at 11 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Right middle + Lower lobe)	10/12/38
Other contributory causes of importance:	
Chronic Myocarditis	?

Name of operation None Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Geo B Wiegen, M. D.
(Address) 3442 Geraldine Av

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, THOS. KUTIS., or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.