

REC'D DEC 12 1938

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

37226

Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital 0.1** Registered No. **9553**
(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.

D. 10995 **653** **Maryetta Brand**

2. PRINT FULL NAME **3441 Illinois** St. **24**
(a) Residence, No. (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 **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 2, 1877**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 **8** **29**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
9. Industry or business in which work was done, as law mill, bank, etc. **hwk**
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) **New York**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT (ADDRESS) **hosp. Info I. Kent**18. BURIAL, CREMATION, OR REMOVAL PLACE **Columbia Ills.** DATE **Nov 5** 19 **38**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Thos Kritis** **2906 Gravois Ave.**20. FILE **NOV 3 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/1/38** 19

22. I HEREBY CERTIFY that I attended deceased from **10/26/38** to **11/1/38**, 19...
I last saw her **11/1/38** alive on **11/1/38**, 19... Death is said to have occurred on the date stated above, at **11 p** m.
The principal cause of death and related causes of importance were as follows:

Hypertension
Arterio sclerosis general
Embolism cerebral arteries
(Embolism cerebral arteries)
Date of onset

Other contributory causes of importance:

Hypertension
General Arterio sclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

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) **J. Bredeck**, M. D.
(Address) **City Hospital**

STATEMENT BY LICENSED EMBALMER

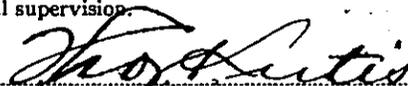
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

THOS. KUTIS.

or by

Registered Apprentice No., working under my personal supervision.

Signed



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.