S. No. 2
-11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4900

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1730

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4530 Natural Bridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0
(a) State Missouri (b) County
(c) City or town St Louis 10
(If outside city or town limits write "RURAL")
(d) Street No. 4530 Natural Bridge Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 6 Lydia Brake
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Deceased
Joseph Brake
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 22 (Day) 1854 (Year)

8. AGE: Years 85 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country) 7
10. Usual occupation At Home 7
11. Industry or business 9

FATHER
12. Name George Soders
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Nathan W. Brake
(b) Address 4530 Natural Bridge Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Cem Clinton Ill.
18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave
19. (a) FEB 20 1940 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1940 hour 6 minute a M.
21. I hereby certify that I attended the deceased from July, 1935 to Feb 19, 1940;
that I last saw her alive on Feb 16, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	6 wks
Due to Hypertension	10 yrs
Due to Cardio-vascular-Renal disease	20 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. M. Brown (M. D. or other)
Address 2867a Union Date signed 2/19/40

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address.....

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

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