DEC 12 1935

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

Do not use this space.

37559

1. PLACE OF DEATH — Registration District No. 1003 — File No. 9527 — Registered No. 791

County ..... Township .....

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

2. FULL NAME Mrs Louise Brake

(a) Residence, No. Normandy Mo St., NR 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Richard Brake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1867

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Drake Mo

FATHER

13. NAME Wm Lawrence

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

MOTHER

15. MAIDEN NAME Louise Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Town Mo.

17. INFORMANT O. Brake (ADDRESS) 5340 Nottingham

18. BURIAL, CREMATION, OR REMOVAL — PLACE Owensville Mo DATE Nov 15 1935

19. UNDERTAKER A Ellis (ADDRESS) 5740 Delmar

20. FILED NOV 14 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 — 12 — 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-10 — 1935, to 11-12 — 1935

I last saw her alive on 11-12 — 1935. Death is said to have occurred on the date stated above, at 1 P. m.

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

	Date of onset
Bronchial Pneumonia	10-20-35

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Other contributory causes of importance:

Myocarditis	8-10-35
Arteriosclerosis	1925
Nephritis	1925

Name of operation ..... 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? No

If so, specify .....

(Signed) Roy Johnson, M. D.

(Address) 6 Ferguson Mo.

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.

THIS IS A PERMANENT RECORD