WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1928

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

Do not use this space.

31627

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 1624 8th — Registered No. 220
City Richmond Heights (No. St Marys Hospital St. Ward)

2. FULL NAME Josephine Taves
(a) Residence. No. 5501-a Idaho St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 10-1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
36	0	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

PARENTS
10. NAME OF FATHER: Wendelin Brutscher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Millstadt Ills
12. MAIDEN NAME OF MOTHER: Mary Schmittling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Edward Taves
(Address) 5501a Idaho

15. FILED 10/1, 1928 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1928, to Sept 29, 1928, that I last saw h. alive on Sept 28th, 1928, and that death occurred, on the date stated above, at 3:05 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
LSA Tuberculous Meningitis
24A
31
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY): Tuberculosis of Lungs
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Spinal Puncture + X Ray
(Signed) J G Biedert, M. D
Oct 1, 1928 (Address) 635 Missouri Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: S S Peter Paul — DATE OF BURIAL: Oct 2 1928

20. UNDERTAKER: Wacker-Helderle — ADDRESS: 2331-S Bdwy