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

Do not use this space.

4828

1. PLACE OF DEATH

County ..... Registration District No. 791 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1521

City St Louis (No. 6413 Bradley St. ..... Ward)

2. FULL NAME Hortense Brydels

(a) Residence. No. 6413 Bradley Av. St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U.S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Brydels

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47		8	18	

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) home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) France
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Gus Stein

11. BIRTHPLACE OF FATHER (CITY OR TOWN) France
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) France
(STATE OR COUNTRY)

14. INFORMANT John Brydels
(Address) 6413 Bradley Av.

15. FILED JAN 31 1929 Max C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Jan 30, 1929, that I last saw her alive on Jan 29, 1929, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

108 101a

(duration) ..... yrs. — mos. 6 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical symptoms
(Signed) E. M. Tuberman, M. D
1/31, 1929 (Address) 2919 S. King Highway Bl

*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 St Matthews — DATE OF BURIAL Feb 1 1929

20. UNDERTAKER Harrigan & Shaahan & Co — ADDRESS 4413 Washington

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.

235 9 9 9

...NEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD