

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

Do not use this space.

23096

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis,** (No. **3722 Kosciusko Street,** St. Ward)

File No.....  
Registered No. **6548**  
St. Ward)

**2. FULL NAME**

**Margaret Brabec.**

(a) Residence, No. **3722 Kosciusko Street,** **N4** 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 **William Brabec,**  
(OR) WIFE OF

**6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 29, 1874.****

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**55**

**2**

**18.**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **At Home.**

(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) **Germany.**

**10. NAME OF FATHER **Dont Know.****

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**  
(STATE OR COUNTRY) **Dont Know.**

**12. MAIDEN NAME OF MOTHER **Dont Know.****

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**  
(STATE OR COUNTRY) **Dont Know.**

**14.**

INFORMANT **John Charles Brabec**  
(Address) **3722 Kosciusko Street.**

**15.**

FILED **19 10 31**  
**W. C. Stanley**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**3** **6/13**  
**16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 16 19 29.****

**17. I HEREBY CERTIFY, That I attended deceased from **June 11**, 19**29**, to **June 16**, 19**29**. that I last saw her alive on **June 16**, 19**29**, and that death occurred, on the date stated above, at **9 40** P. M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Cerebral Thrombosis (apoplexy)**  
**59**  
**hypostatic pneumonia** (duration) yrs. mos. **6** ds.  
**7** (SECONDARY)  
**hypertension** (duration) yrs. mos. **3** ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH? **no.** DATE OF.....**  
**20. WAS THERE AN AUTOPSY? **no.****

**WHAT TEST CONFIRMED DIAGNOSIS**  
(Signed) **Ralph Thompson**, M. D.  
, 19 (Address) **3624 So. Broadway**

\*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** **DATE OF BURIAL**  
**SS. Peter & Paul Cemetery. June 19 19 29.**

**20. UNDERTAKER** **ADDRESS**  
**D. V. Gehlen & Co., 2842 Meramec.**

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  
10  
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Fredrick Marnie

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