

MAY 8 1935

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

Do not use this space.

14143

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City Villa Jesus Convent (No. St. Ward)

2. FULL NAME Sister M. Victor Brehm

(a) Residence, No. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 3 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

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) St. Louis, Mo.

13. NAME Paul Brehm

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

15. MAIDEN NAME Victor Fleischmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

17. INFORMANT (ADDRESS) Sister Honoria R.R. #14 503 St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Villa Jesus Conv. DATE April 5, 1935

19. UNDERTAKER (ADDRESS) C. Hoffmeister, U. & L. Co. 678 1/2 So. Broadway

20. FILED April 4th 1935 W. A. Zetter Registrar
W. E. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935, to April 1st, 1935
 Last saw her alive on April 1st, 1935. Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death (and related causes of importance) were as follows:

Streptococcus Septicemia
Endocarditis, septic

Date of onset 2

Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis? C. Am 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) Albert H. Denke, M. D.
 (Address) 5301 a. Cotton Ave

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.

S301-000000

70.0481

Register

1000 1000

3516 101421

2-4

In re; Sister M. Victor Brehm,

Doctor, Albert A Denk, 5301 a Easton, who signed the certificate, claims there is a history of tonsillitis, infection developed, prior to Dr. Denk's caring for patient. Patient had infection when he was called in. Septicemia, generalized.

Walter Zeitler, Registrar,
Per C Smith.

1150

STATION

14143

101

S-14143 (2)

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township.....
City..... (No.....)

Registration District No. 784
Primary Registration District No. 6036

File No.....
Registered No. 45- St. Ward)

2. FULL NAME

Sister M. Victor Brehm

(a) Residence, No. 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>30</u>	<u>3</u>	<u>2</u>	

Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 4/4 1935 W. A. Zuttler Registrar
Paul E. Smack

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Streptococcus Septicemia (Date of onset)
Septicemia

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?

If so, specify.....

(Signed)....., M. D.

(Address).....

SUPPLEMENTAL

Exact statement of OCCURRENCE as very important

MOTHER/FATHER

JUN 15 1935

S-14143 (2)