

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

38734  
 Do not use this space.

**NOV 23 1937**

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 185  
 (b) Township Berthonne Primary Registration District No. 3037  
 (c) City Kirkwood Mo. (d) Street No. 236 W. Adams Ave. Registered No. 140  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. / ds.

**2. PRINT FULL NAME Emelie Braatz**

(a) Residence, No. 236 W. Adams Ave St.  Kirkwood Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Frank Braatz</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>May 7 1845</b>		
7. AGE	YEARS	MONTHS
	<b>92</b>	<b>5</b>
		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SAWYER, BOOKKEEPER, ETC. <b>Retired</b>
		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS 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) <b>Germany</b>		
13. NAME <b>Unknown</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
15. MAIDEN NAME <b>Unknown</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
17. INFORMANT <b>Mrs. Ingrid Rett</b> (ADDRESS) <b>236 W. Adams Kirkwood, Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Louis</b> DATE <b>10-16-37</b>		
19. FUNERAL DIRECTOR <b>Louis H. Boyer</b> (ADDRESS) <b>Kirkwood, Mo.</b>		
20. FILED <b>10-14 1937</b> <b>Agnes C. Kelly</b> <b>Local Registrar</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 14 1937**

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1937 to Oct 14, 1937  
 I last saw him alive on Oct 13, 1937. Death is said to have occurred on the date stated above, at 1:40 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia  
of the Broncho Pneumonia  
 Date of onset (Oct. 11-37)

Other contributory causes of importance:  
1070

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) H. St. South, M. D.  
 (Address) Kirkwood 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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

2

38534

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 785-

(b) Township \_\_\_\_\_ Primary Registration District No. 2037 Registered No. \_\_\_\_\_

(c) City Kimwood (d) Street No. \_\_\_\_\_ St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emelie Brantz

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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. or min.
	<u>92</u>	<u>5</u>	<u>7</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as 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) \_\_\_\_\_

FATHER

13. NAME \_\_\_\_\_

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

MOTHER

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 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:

SUPPLEMENTARY

Pneumonia  
Broncho pneumonia

Date of onset \_\_\_\_\_

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) D. S. Werth M. D. \_\_\_\_\_

(Address) Kimwood

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

Local Registrar.

