

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

37692  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 3 Registration District No. 1003  
(b) Township ..... Primary Registration District No. Registered No. 10019  
(c) City St. Louis, (d) Street No. Home For The Aged 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 Gertrude Brenham

(a) Residence, No. 3400 So. Grand Blvd. St. 16 (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know Brenham		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know 1862		
7. AGE YEARS About-66-	MONTHS 76	DAYS If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home	
	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) St. Louis, Mo. (STATE OR COUNTRY)		
FATHER	13. NAME John Bishop	
	14. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Don't Know	
	16. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)	
17. INFORMANT Sister Seraphin (ADDRESS) 3400 So. Grand Blvd.		
18. BURIAL, CREMATION, OR REMOVAL SS Peter and Paul Cem DATE Nov. 21, 1938		
19. FUNERAL DIRECTOR (NAME) J. H. Kellum & Sons (ADDRESS) 2842 Meramec St.		
20. FILED NOV 21 1938 J. J. Bredek Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1938, to Nov 18, 1938. I last saw her alive on Nov 15, 1938. Death is said to have occurred on the date stated above, at 7 P. M. The principal cause of death and related causes of importance were as follows:  
Cerebral Haemorrhage  
Other contributory causes of importance: Arterio Sclerosis, general

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) J. J. Bredek, M. D. (Address) Union Club Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**Herman A. Gebken**

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Herman A. Gebken*

Licensed Embalmer No..... **2120**

P. O. Address..... **2842 Meramec St.**

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)** St. Louis, Mo.

**If this body is not embalmed, above space should be left blank.**