DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 701

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 41177

Registrar's No. 10300

1. PLACE OF DEATH: 1003

(a) County 2

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7343 VERMONT AV
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MO. (b) County

(c) City or town ST LOUIS 1
(If outside city or town limits, write "RURAL")

(d) Street No. 7343 VERMONT. AV.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILHELMINA BRAUN 67

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband ~~or wife~~ MICHEL

6. (c) Age of husband or wife if alive years

7. Birth date of deceased DEC 20 1856
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 10 If less than one day hr. min.

9. Birthplace GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business HOME

FATHER
12. Name X. RINGLER
13. Birthplace ~~[illegible]~~ GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Braun

(b) Address 7343 Vermont.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 4-39 (Month) (Day) (Year)

(c) Place: burial or cremation MNT OLIVE CEM

18. (a) Signature of funeral director [illegible]

(b) Address 7128 Michigan

19. (a) ~~DEC 1 1939~~ (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30th year 1939 hour 4 00 minute a. M.

21. I hereby certify that I attended the deceased from 1935, 19, to 1939. 19;

that I last saw her alive on 11-30-39. 19;

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute myocarditis	
c. valvular (mitral) insufficiency	10 yrs.
Due to Primary disease	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy no autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Myron W. Davis (M. D. or other)

Address 3720 Washington Ave Date signed 12/1/39.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

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

working under my personal supervision.

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 782 Kenney

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

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