

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 1

1. PLACE OF DEATH: St. Charles

(a) County St. Charles

(b) City or town "

(c) Name of hospital or institution: St. Joseph's Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 days
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME FRANKLIN BRAUNGARDT

8. (b) If veteran, name No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 22 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Lincoln County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Odd jobs

12. Name Conrad Braungardt

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Barth

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Braungardt

(b) Address O'Fallon, Mo.

17. (a) Barial (b) Date thereof 1-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Evang. Cemetery

18. (a) Signature of funeral director Garland Licks

(b) Address Winfield

19. (a) 1-4-40 (b) Blair G. Wresler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Winfield
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 3
year 1941 hour 100 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him alive on January 3, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of prostate

Due to _____

Due to 518

Other conditions (Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy _____

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? 7-11

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

28. Signature B. A. Newkirk (M. D. or other) M.D.
Address St. Charles Date signed 11-4-41

Duration 1 yr.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Paula Ficks*

Licensed Embalmer No. *4012*

P. O. Address *Winfield, Mo.*

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.)

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