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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **8849**  
Registrar's No. **2259**

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
In this community Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3435 Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dora Braeutigam  
(b) If veteran, name war ---  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 10,  
year 1941 hour 11:30 minute P. M.  
21. I hereby certify that I attended the deceased from March  
7, 1941 to March 10, 1941  
that I last saw h. or alive on March 10, 1941  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Charles Braeutigam  
(c) Age of husband or wife if alive 64 years  
7. Birth date of deceased December 27, 1882  
(Month) (Day) (Year)

Immediate cause of death Chronic pyelonephritis without stones  
Duration \_\_\_\_\_  
Due to 61  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
58 2 14 hr. min.  
9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Other conditions Uremia and  
(Include pregnancy within 3 months of death)  
Diabetes mellitus  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 59

10. Usual occupation Home  
11. Industry or business \_\_\_\_\_  
12. Name Charles Bullmann  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Vaubel  
15. Birthplace Pittsburg Pennsylvania  
(City, town, or county) (State or foreign country)

MOTHER FATHER {  
16. (a) Informant Emma Braeutigam  
(b) Address 3435 Arsenal St.  
17. (a) Burial (b) Date thereof 3/13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation N. St. Marcus  
18. (a) Signature of funeral director Wacker-Welderle  
(b) Address 2331 S. Broadway  
19. (a) J. W. Brueck (b) \_\_\_\_\_  
(Local Registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3  
23. Signature H. M. Z. Gould (M. D. or other)  
Address 1515 Lafayette Ave. Date signed 3/11/41

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

APR 11 1941

**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.....

*Robert Wheeler*

Licensed Embalmer No. ....

*2128*

P. O. Address.....

*St Louis 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, fact should be so stated above.**