. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32610

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 4190938

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural St. Ferdinand Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Sanatorium Robertson MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 200

(c) City or town St. Louis 17
(If outside city or town limits write "RURAL")

(d) Street No. 5906 Horton Place 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Emilie Braunschweiger

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Philipp Alien # 4 254 185

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

7. Birth date of deceased Sept. 9 (Month) (Day) 1874 (Year)

8. AGE: Years 67 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Elias Levi
13. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant Ernest Browning (son)
(b) Address 5895 Nina Pl.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sep. 15, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) SEP 13 1941 (Date received local registrar) (b) C. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1941 hour 12 minute 40 a M.

21. I hereby certify that I attended the deceased from August 24, 1941, to Sept. 13, 1941
that I last saw her alive on Sept. 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis of Lower Cavity

Due to 55

Due to

Other conditions Secondary anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 [signature] (M. D. ~~or other~~)
Address c/o Jewish Sanatorium Date signed 9-13-41

(Licensed Embalmer's Statement on Reverse Side) P. O. ROBERTSON, MO

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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