

FILLED NOV 24 1941

Registration District No. **791**

Primary Registration District No. **100**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3128 Hawthorne Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 64 years (Specify whether years, months or days)

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. 3128 Hawthorne Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1941 hour 2 minute 20 P.M.
21. I hereby certify that I attended the deceased from Feb. 25, 41
1941 to Oct. 24 1941

that I last saw her alive on Oct. 24 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Ch. by a cardiac Duration Two yrs

Due to Penicillin

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None
Of autopsy None
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? _____

While at work? _____ (Specify type of place) (e) Means of injury None

23. Signature J. F. Braseck (M. D. or other) _____
Address 2118 S. Grand Date signed 10/22/41

3. (a) PRINT FULL NAME CAROLINE BRAUER

3. (b) If veteran, name war _____ 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 August G. Brauer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. April 16 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Gottlieb Mittenzwei

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

14. Maiden name Wilhelmina Metz

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

16. (a) Informant Mrs. L. C. Urmenstein

(b) Address 3128 Hawthorne Blvd.

17. (a) Burial (b) Date thereof Oct. 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden funeral home

(b) Address 1936 St. Louis Ave.

19. (a) OCT 29 1941 (b) J. F. Braseck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

St. Louis Book
3115 to General
3-4

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.....

..... *Dale Harness*, Registered Apprentice No. *293*
working under my personal supervision.

Signed..... *Robert J. Krispin*,
Licensed Embalmer No. *3497*
P. O. Address *1936 St. Louis Ave*

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.