

FILED NOV 13 1944

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2272

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
I246 Waldron
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. I246 Waldron
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Marie J. Brasse

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred J. Brasse 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased October 17 - 1880
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
64 X 19 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name George Schoppe
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Paul
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Fred J. Brasse

(b) Address I246 Waldron

17. (a) Burial (b) Date thereof 11-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) NOV 8 1944 (b) E. H. McLauran MD.
(City or town, local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th
year 1944 hour 9 minute 30P M.

21. I hereby certify that I attended the deceased from Aug. 19, 1944, to Nov 5, 1944
that I last saw her alive on Nov 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day

Due to Hypertension Essential 5 yrst
Fracture - Rt Humerus Aug 19-44

Due to Fracture Right Femur "
Fracture - Ribs - Rt - "

Other conditions Subarachnoid Haemorrhage "
Traumatic psychosis "

Major findings: Of operations _____
Of autopsy _____
18604

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) Indirectly

(b) Date of occurrence Aug 14, 1944

(c) Where did injury occur? at patient's house No
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at 1246 Waldron Apts, Mo.

While at work? No (Specify type of place) (e) Means of injury Fall down stairs

23. Signature Pho7 Rosenbayer (M.D. or other)
Address 7245 Olive St Good Date signed 11/6/44

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

6
3
5

Dr. Charles Rosenburg
Metropolitan Bldg
Je. 4141 TUE-THUR+SAT.
DE-0211 - 4-7

DEC 1 1944

DEC 1 1944

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.