

No. 2  
1-5-43  
5-17-39  
I X36671

FILED NOV 20 1944

Registration District No. **1044**

Primary Registration District No. **3058**

Registrar's No. **144**

**1. PLACE OF DEATH:**

(a) County St Charles

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

(c) Name of hospital or institution:  
832 Adams Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Edna Brause

**3. (b) If veteran, name war** None

**3. (c) Social Security No.** None

**4. Sex** Female **5. Color or race** White

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

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** December 3rd, 1907  
(Month) (Day) (Year)

<b>-8. AGE:</b>	Years	Months	Days	If less than one day hr. min.
	<u>36</u>	<u>9</u>	<u>21</u>	

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

**10. Usual occupation** Retired

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER** { **12. Name** William Brause

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

{ **14. Maiden name** Elise Denningmann

{ **15. Birthplace** St. Charles, Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Adela Salter

**(b) Address** St. Charles, Mo

**17. (a)** Burial **(b) Date thereof** Sept. 26, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Lutheran Cemetery

**18. (a) Signature of funeral director** Hochmann - Paul

**(b) Address** 326 N 6th St. St. Charles, Mo

**19. (a)** Sept 26, 1944 **(b)** Ernst C. Paul  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")

(d) Street No. 832 Adams Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept/ day 24th  
year 1944 hour 3 minute 22 A. M.

**21. I hereby certify that I attended the deceased from** Sept 2  
1944, to 9-24, 1944.

that I last saw h. or alive on Sept 23, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Broncho pneumonia  
Chr. Myocarditis  
Due to he URS (Cerebro-Spinal)

Duration  
24 hrs.  
2 yrs.  
12 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 300

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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)  
or means of injury \_\_\_\_\_

**23. Signature** Calvin Olay (M. D. optional)  
St. Charles Mo Date signed 9/25/44

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

2  
9  
3

1360

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 11-16-44

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 Arthur C. Bane  
Licensed Embalmer No. 3155  
P. O. Address St Charles 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.**