

FILED JAN 5 1945 318

STANDARD CERTIFICATE OF DEATH

State File No.

11000

Registration District No.

Primary Registration District No.

Registrar's No.

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:
3118 Illinois Av.
 (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 _____

3. (a) PRINT FULL NAME William Braundmeier

3. (b) If veteran, name war _____
 3. (c) Social Security No. 361-09-9886

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emma Braundmeier 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 15 1880
 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 24 If less than one day _____
 hr. _____ min. _____

9. Birthplace Alhambra Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business U. S. Radiator Corp.

12. Name Henry Braundmeier

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

14. Maiden name Sophie Buster

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

16. (a) Informant Emma Braundmeier
 (b) Address 3118 Illinois Av.

17. (a) Burial (b) Date thereof 12-27-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley View Cem. Edwardsville

18. (a) Signature of funeral director Wm. Bro. L. Mc

(b) Address 2929 S. Jefferson Av.

19. (a) DEC 26 1944 (b) J. A. Bruce
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3118 Illinois Av.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
 year 1944 hour 9 minute 08 A.M.

21. I hereby certify that I attended the deceased from 12-22-44
 _____, 19____, to 12-24, 19____
 that I last saw him alive on 12-22, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion 1 day

Due to arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy none

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) no

(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 _____

23. Signature F. S. Hoshy (M. D. or other) MD
 Address 735 Park Ave. Date signed 12-25-44

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

MOTHER FATHER

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.....

.....*Rowland*....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Edgar F. Witt*.....
Licensed Embalmer No.....*2117*.....

P. O. Address.....

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.