

FILED FEB 7 1945

318

1003

Registration District No. Primary Registration District 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:
Enroute To City Hospital
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Florence Eva Branier

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife October

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

7. Birth date of deceased October 16 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>3</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business

12. Name Silas E. Stroud

13. Birthplace Jersey County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Eva Stampe

15. Birthplace Jersey County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Silas Stroud

(b) Address Jerseyville, Ill.

17. (a) Removal (b) Date thereof 1-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerseyville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN 25 1945 (b) J. F. Brudeck
(Date received by Registrar) (Registrar's signature)

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. 2841 Lafayette
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1945 hour 8:15 minute 15 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pneumonia
Chronic Pulmonary Emphysema

Due to _____

Due to 108

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature Alfred J. Bray (M. D. or other)

Address Deputy Coroner Date signed 1-25-46

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

JUL 15 1947

JUL 14 1947

JUL 15 1947

JUL 11 1947

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 *Walter H. Kayser*

Licensed Embalmer No. *1861*

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.