V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25461

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7697

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5318 Quincy St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006 2
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5318 Quincy St. 9
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Brauns
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female/
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife August
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 19 1894 (Month) (Day) (Year)
8. AGE: Years 51 Months ~~3~~ 4 Days 12 If less than one day hr. min.
9. Birthplace Kimmawick, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Conrad Kuchemeister
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name not known
15. Birthplace Not known (City, town, or county) 0 (State or foreign country)
16. (a) Informant August Brauns
(b) Address 5318 Quincy St.
17. (a) Burial (Burial, cremation, or removal) (b). Date thereof Sept. 3 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park
18. (a) Signature of funeral director John L. Zugenheim & Sons
(b) Address 7027 Gravois
19. (a) SEP 3 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1945 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from 7-24, 1945 to 8-31, 1945 that I last saw h. E.A. alive on 8-31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
ADENOCARCINOMA LEFT BREAST WITH METASTASES — 1 YEAR
Due to
Due to 50
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Dr. Joseph T. Kleminskas (M. D.)
Address 6953 Gravois St Louis Date signed 8-31-45

(Licensed Embalmer's Statement on Reverse Side)

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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.