

FILED JUN 20 1946
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5110

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Baptist Hospital
(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
(c) City or town Sherman Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 3726-Edmundson Road
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country.....

3. (a) PRINT FULL NAME Joseph Antoine Brais

3. (b) If veteran, name war No 3. (c) Social Security No. 492-09-2710

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Edith O 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Jan 20 1898
(Month) (Day) (Year)

8. AGE: 48 Years Months 4 Days 14 If less than one day hr. min.

9. Birthplace Montreal Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Restreature

11. Industry or business self

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edith O. Brais
(b) Address 3726-Edmundson Rd-Overland

17. (a) Burial (b) Date thereof 6/8/46
(Burial, cremation, or removal) (Month) Day (Year)

(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Baumann Brothers Sull
(b) Address 2504 Woodward Overland, Mo.

19. (a) JUN 7 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 24
1946, to June 4 1946;
that I last saw him alive on June 4 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation Duration 1 day
Due to Chronic Rheumatic heart trouble - 10 years

Due to 95
Other conditions -
(Include pregnancy within 3 months of death)

Major findings: Of operations - PHYSICIAN -
Of autopsy yes - finding as above
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 plane) (e) Means of injury 7

23. Signature Roy A. Kuester (M.D. or other)
Address 2438 Woodward Rd. Date signed 6-6-46

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

20
17
9

his wife 21554

5110

1003

N.R. (Yes or No)

95

JUN 7 1946

APR 2 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..... *Harold F. Brand*

Licensed Embalmer No..... *4337*

P. O. Address..... *Cleveland, Ohio*

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.