

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5940**
Registrar's No. **43**

Registration District No. **316** Primary Registration District No. **6075**

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Farmington RURAL St. Francois**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 yrs. 19 das.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **7062 Natural Bridge**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) **PRINT JOSEPH BERNARD TSCHUDY (BRACHMAN)**
FULL NAME
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Male** 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 **March 1929**
(Month) (Day) (Year)

8. AGE: Years **17** Months **10** Days **25**
If less than one day hr. min.

9. Birthplace **Granite City, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **William Brachman**

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

14. Maiden name **Gertrude**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hospital No. 4**
(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **1-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem., St. Louis, Mo.**

18. (a) Signature of funeral director **Callen and Kelly**
(b) Address **7267 Natural Bridge, St. Louis, Mo.**

19. (a) **2-13-47** (b) **Esther Rudloff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **27th**
year **1947** hour **6** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **January 8, 1947** to **January 27, 1947**
that I last saw him alive on **January 26, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral embolism following Septicemia result of Strep. throat 3 wks. duration**
Due to **my apparatus on my 1 wks. ago**

Due to **Septicemia** **Personality** **Hypertension**
Other conditions **Psychosis**
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **187**

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) _____
(Specify type of place) _____ Means of injury _____
23. Signature **James J. Smith** (M. D. or other) _____
Address **Farmington - Mo** Date signed **1/23/47**

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

MOTHER FATHER

RECEIVED

Health Officer No. 4
District No. Number 247-262
Date Filed 2-21-47

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 Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.