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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1947

Registration District No. 918

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7038

Primary Registration District No. 1003

Registrar's No. 1654

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: Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 34 YRS, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 16

(c) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL")

(d) Street No. 7336 MYRTLE AVE. 5
(If rural, give location) N.R. 3

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

If yes, name country —

3. (a) PRINT FULL NAME HARRY TER BRAAK

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-28-3022

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CATHERINA H. TER BRAAK

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased DECEMBER 28 - 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	18	— hr. — min.

9. Birthplace LOCHEN (City, town, or county) HOLLAND (State or foreign country)

10. Usual occupation SECY INDUSTRAL COMMISSION

11. Industry or business YMCA. RETIRED

FATHER
12. Name HERMAN TER BRAAR
13. Birthplace LOCHEN (City, town, or county) HOLLAND (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) HOLLAND (State or foreign country)

16. (a) Informant CATHERINA H. TER BRAAR

(b) Address 7336 MYRTLE AVE. MAPLEWOOD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB-19-1947 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director Parker Und Co

(b) Address WEBSTER GROVES MO.

19. (a) FEB 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1947 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 10, 1947, to Feb 16, 1947, that I last saw him alive on Feb 16, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia & hemorrhage of lentriculo-striate artery, left.

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration

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

23. Signature F R Bradley (M. D. or other)

Address Barnes Hospital, Date signed 2/16/47

(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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.