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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 26 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25338

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6734

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: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 520

(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")

(d) Street No. 26 1454 Northmarket St 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Minnie Bramsch

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Fem 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 17 (Day) 1866 (Year)

8. AGE: Years 80 Months ~~10~~ 9 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

FATHER
12. Name Rudolf Bramsch
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Mauerberger
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mr Prosper H Otto
(b) Address 9348 Sonora Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Western Lutheran Cem.

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis Ave

19. (a) JUL 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1947 hour 10:35 minute P M.

21. I hereby certify that I attended the deceased from July 7, 1947, to July 16, 1947, that I last saw her alive on July 16, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arteriosclerosis - Gen.	
arteriosclerotic - Gangrene	1 mo
Due to of left foot.	
Due to chronic myocarditis	1 yr
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 Theo H. Hanser (M. D. or other)

Address 3651 Scandel St Date signed 7/17/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Theo H Hanser

Dr Theo Hanser

3708 Grandel Squar

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 Neal L. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.