

FILED NOV 6 1948

Registration District No. 318

Primary Registration District No. 3058

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles

(c) Name of hospital or institution: St. Joseph

(d) Length of stay: In hospital or institution 9 days

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County St Charles 92

(c) City or town Rural

(d) Street No. Forestell Mo.

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME O'Braza, Joseph

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Color or race White

(a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie O'Braza

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased: February 21 1896

8. AGE: Years 52 Months 8 Days 7

9. Birthplace Bermany

10. Usual occupation Labourer

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace Bermany

14. Maiden name \_\_\_\_\_

15. Birthplace Alabama

16. (a) Informant Joyce Burman

(b) Address 2500 Demure Ave. Oakland Mo

17. (a) burial (b) Date thereof Nov 2 1948

(c) Place: burial or cremation Wentzville Mo

18. (a) Signature of funeral director Wentzville Mo

(b) Address Wentzville Mo

19. (a) 11-7-48 (b) J. Anne Hauvick

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1948 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from Oct 20 1948, to Oct 29 1948, that I last saw him alive on Oct 29 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of ventricle aneurysm

Duration 6 min.

Due to myocardial infarction & coronary thrombosis 9 days

Due to generalized and coronary arteriosclerosis 5 years

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of Injury \_\_\_\_\_

23. Signature Geo. J. Fark Jr (M. D. or other) MD

Address St Charles Ind Date signed 10/30/48

FEB 25 1949

Date Filed \_\_\_\_\_  
District File Number NOV 5 1948

District Health Officer No. 9,  
RECEIVED

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 L. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.