

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24337

State File No. ....

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No. ....

6859

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. ....		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			2179		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3945 Magnolia Ave</b>				d. STREET ADDRESS (If rural, give location) <b>3945 Magnolia Ave</b>							
3. NAME OF DECEASED a. (First) <b>Emma</b>			b. (Middle)			c. (Last) <b>Braun</b>			4. DATE OF DEATH <b>7-31-1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>8-24-1869</b>		9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Lawrence Keepfer</b>				13b. MOTHER'S MAIDEN NAME <b>Anna Schreiner</b>				14. NAME OF HUSBAND OR WIFE <b>Edward C. Braun</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Edna M. Braun</b> ADDRESS <b>3945 Magnolia Ave</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Failure</b> ANTECEDENT CAUSES <b>Chronic Myocarditis</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <b>20 minutes</b> <b>about</b> <b>5 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE* (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21h. HOW DID INJURY OCCUR? <b>H 22, 2</b>					
22. I hereby certify that I attended the deceased from <b>June 1, 1946</b> to <b>July 31, 1951</b> , that I last saw the deceased alive on <b>July 31, 1951</b> , and that death occurred at <b>10 A. M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Edna M. Braun</b>						23b. ADDRESS <b>3606 Prairie</b>			23c. DATE SIGNED <b>8/31/51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-3-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>				24d. LOCATION (City, town, or county) (State) <b>7800 St. Charles Rock Road Mo</b>			
DATE REC'D. BY LOCAL REG. <b>1951</b>				REGISTRAR'S SIGNATURE <b>J. B. Lanter</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ziegenhein Bros. 6409 Gravois Ave</b>			

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*John M. Seymour*

Licensed Embalmer No. *4343*

P. O. Address *St. Louis 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.