

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

34866

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State File No. 9031

Registrar's No. 9031

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 9031								
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 township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		2079								
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to Christian Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>3739 Shreve Avenue, 15,</b> 8										
3. NAME OF DECEASED (Type or Print) <b>Harry</b>			a. (First) _____		b. (Middle) <b>E.</b>		c. (Last) <b>Brasse</b>							
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 10th, 1951</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 21st, 1885</b>						
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 WKS. Hours _____ Mins. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plating Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Musick Plating Co.</b>						
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Gustav Brasse</b>			13b. MOTHER'S MAIDEN NAME <b>Louisa Strubbe</b>			14. NAME OF HUSBAND OR WIFE <b>Eleanor E. Brasse nee Seaton</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>Eleanor E. Brasse</b>			ADDRESS <b>4140 Washington Blvd. 8,</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterial regurgitation</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>2 1/2 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) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>H/OX</b>								
22. I hereby certify that I attended the deceased from <b>Sept 4<sup>th</sup>, 1951</b> , to <b>Oct 14, 1951</b> , that I last saw the deceased alive on <b>Oct 8<sup>th</sup>, 1951</b> , and that death occurred at <b>8:05 P.M.</b> , from the causes and on the date stated above.														
23a. SIGNATURE <b>Peter A Ecb</b> (Degree or title) <b>M.D.</b>						23b. ADDRESS <b>4701 St. Louis Ave</b>			23c. DATE SIGNED <b>10-12-51</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>			24b. DATE <b>10/18/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Saint Johns Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>						
DATE REC'D BY LOCAL REG. <b>OCT 15 1951</b>			REGISTRAR'S SIGNATURE <b>J. Paul Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz</b>			ADDRESS <b>4828 Natural Bridge Blvd.</b>					

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

38  
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47013 St. Louis Mo  
Ex. 6756

Between 10 am & 12 noon  
Friday

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed John A. Mlinar  
Licensed Embalmer No. 4186

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.