

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7380

State File No. _____
Registrar's No. 1421

FILED FEB 26 1953

| | | | | | | | | | | | | |
|--|--|--------------------|--|--|--|---|---|---|---|--|-----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. _____ | | Registrar's No. 1421 | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | | c. LENGTH OF STAY (In this place) _____ | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | | 2109 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3842a Lee Avenue, 7, | | | | d. STREET ADDRESS (If rural, give location) 10 3842a Lee Avenue, 7, | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) EMMA | | | a. (First) | | | b. (Middle) | | | c. (Last) BRAUNER | | | |
| 4. DATE OF DEATH Feb. 3rd, 1953 | | | 5. SEX Female | | | 6. COLOR OR RACE White | | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | | |
| 8. DATE OF BIRTH May 9th, 1880 | | | 9. AGE (In years last birthday) 72 | | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | | 11. BIRTHPLACE (City and State or Foreign Country) Hoyleton, Illinois | | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13a. FATHER'S NAME Walter F. Steinmeyer | | | 13b. MOTHER'S MAIDEN NAME Mary (Unknown) | | | 14. NAME OF HUSBAND OR WIFE Late Charles Brauner | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | | | 16. SOCIAL SECURITY NO. Unknown | | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Mildred Brauner, 3842a Lee Avenue, 7, | | | | | | |
| 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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 1-24-53 6-12-50 | | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 331X | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 24, 1953</u> , to <u>Feb 3, 1953</u> , that I last saw the deceased alive on <u>Feb 3, 1953</u> and that death occurred at <u>4:30P m.</u> , from the causes and on the date stated above. | | | | | | | | | | | | |
| 23a. SIGNATURE <u>Wm. H. Pymms, M.D.</u> | | | | (Address or title) | | | | 23b. ADDRESS <u>3802 W. Grand Blvd</u> | | | 23c. DATE SIGNED <u>2-5-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | | 24b. DATE 2/6/53 | | 24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery | | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | | | |
| DATE REC'D BY LOCAL REG. FEB 6 1953 | | | REGISTRAR'S SIGNATURE <u>Calvin F. Feutz</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Hours between 11:00 A. M. & 2:00 P. M.
(Thursday Sure)

File in City.

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 Ralph C. Linden

Licensed Embalmer No. 4275

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.