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FILED DEC 28 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41859**

318

REG. DIST. NO. **1003**Registrar's No. **10340**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10340	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) 51 DAYS		c. CITY OR TOWN OVERLAND MO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD HOSPITAL				e. STREET ADDRESS (If rural, give location) 9604 SIEVERS COURT			
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH		b. (Middle) MARY		c. (Last) BRAUNER		4. DATE OF DEATH (Month) (Day) (Year) 11 - 25 - 55	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1-27-1914	
9. AGE (In years, Months, Days) 41		10. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U-S-A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U-S-A	
13a. FATHER'S NAME JOSEPH FRITZ		13b. MOTHER'S MAIDEN NAME AGNES BUDSCHEK		14. NAME OF HUSBAND OR WIFE WILLIAM H BRAUNER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 489-05-5912		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM H. BRAUNER 9604 SIEVERS COURT			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ADDISON'S DISEASE				13 months	
		ANTECEDENT CAUSES 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. Myocardial Degeneration				6 months	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 11-2- , 1954, to 11-25- , 1955, that I last saw the deceased alive on 11-25 , 1955, and that death occurred at 8:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE William J. Kloba M.D. (Degree or title)				23b. ADDRESS 9621 Bellvue Rd		23c. DATE SIGNED 11-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-29-55		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. NOV 28 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EARL HILLEMANN FUNERAL HOME OVERLAND MO			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Earl Hillerman*.....

Licensed Embalmer No. *350*.....

P. O. Address *Coaling*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.