URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 59-041594

FILED VS DEC 7 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210972 STATE FILE NUMBER

ENDED

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, give TOWNSHIP only) OR TOWN St. Louis, | Length of stay in 1b

c. CITY OR TOWN St. Louis, | Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital, | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4320 Nebraska Ave., | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Theresa Middle Last Braun, .

4. DATE OF DEATH Month Day Year November 27, 1959

5. SEX Female.

6. COLOR OR RACE White,

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/14/1902

9. AGE (last birthday) 57 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home,

11. BIRTHPLACE (City and state or country) Summerfield, Illinois,

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME August Landauer,

13b. MOTHER'S MAIDEN NAME Emma Herbstreit,

14. NAME OF HUSBAND OR WIFE Ralph J. Braun,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Ralph J. Braun, 4320 Nebraska Ave.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arterio-sclerotic heart disease | INTERVAL BETWEEN ONSET AND DEATH 3 yrs (?)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes Mellitus and Carcinoma left breast.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/22/59, to 11/27/59 and last saw her/him alive on 11/26/59
Death occurred at 2:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward W. Czebrinski M.D.

22b. ADDRESS 3701 Grande Sq

22c. DATE SIGNED 11/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.

23b. DATE 11/30/59

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.

25. DATE RECD. BY LOCAL REG. NOV 27 1959

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 _____ me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St
St. Louis, 18,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp
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.