

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										
AMENDED	Registration District No. 318		Primary Registration District No. 1003			Registrar's No. 5576		-61-022343		
FILED JUN 26 1961	STATE FILE NUMBER									
DATE AMENDED	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, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b 6 days		c. CITY OR TOWN Affton			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 10128 Elise Drive			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
INSTEAD OF DOCUMENT	3. NAME OF DECEASED (Type or print) First RUTH Middle LOUISE Last BRAUER			4. DATE OF DEATH Month June Day 14 Year 1961			5. SEX female		6. COLOR OR RACE white	
	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/5/1908		9. AGE (last birthday) 53		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consultant			10b. KIND OF BUSINESS OR INDUSTRY Soc. Welfare Serv.		11. BIRTHPLACE (City and state or country) Crete, Illinois		12. CITIZEN OF WHAT COUNTRY USA		
MEDICAL CERTIFICATION	13a. FATHER'S NAME the Rev. Fred E. Brauer			13b. MOTHER'S MAIDEN NAME Anna Meyer			14. NAME OF HUSBAND OR WIFE -----			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			17. INFORMANT Mr. Walter Brauer, 6630 San Bonita Avenue			Address			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure DUE TO (b) Tumor of heart (metastasis) DUE TO (c) Carcinoma of colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 3 wks 3 wks ? 9 mo.	
BY AFFIDAVIT OF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153.8						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
	20c. TIME OF INJURY Hour 5 a.m. 3 p.m.		Month Nov. Day 1955 Year 6-13-61		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis COUNTY St. Louis STATE Missouri	
ITEM NO. SHOULD READ	21. I attended the deceased from Nov. 1955 to 6-13-61 and last saw her alive on 6-13-61 Death occurred at 2:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								22c. DATE SIGNED 6-14-61	
	22a. SIGNATURE (Degree or title) H. E. Bergner, M.D.				22b. ADDRESS 11421 Taylor Ave.				22c. DATE SIGNED 6-14-61	
	23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE June 16, 1961		23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
24. FUNERAL DIRECTOR BEIDERWIEDEN FUNERAL HOME, INC. St. Louis Ave				25. DATE RECD. BY LOCAL REG. JUN 15 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.				

Dr. Grace E. Bergner
114 No. Taylor

Wed. - now

Thu. 1 pm on

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 Horner H. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.