

Registration District No.

791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2904 Bailey Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 67 years
years, months or days

3. (a) PRINT FULL NAME Henry L. Brachtesende8. (b) If veteran, name war no 8. (c) Social Security No. 491-14-4620

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Brachtesende 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Jan. 2, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>15</u>	hr. min.

9. Birthplace Unknown Holland
(City, town, or county) (State or foreign country)10. Usual occupation Clerk11. Industry or business Ely & Walker

MOTHER FATHER { 12. Name Julius Brachtesende
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kramer
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Brachtesende(b) Address 2904 Bailey Ave17. (a) Burial (b) Date thereof Oct. 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Charles Bookha(b) Address 2228 St. LOUIS AVE19. (a) OCT 20 1940 (b)
(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 2904 Bailey Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? About 67 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th
year 1940 hour 9 minute 55 A. M.21. I hereby certify that I attended the deceased from Sept 10
1940 to Oct 17, 1940
that I last saw him alive on Oct 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis Several years

Due to

Due to

Other conditions Chronic interstitial nephritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? _____
(City or town) (County) (State)

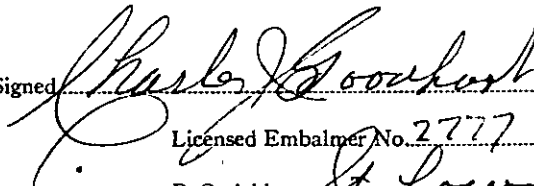
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place) (a) Means of injury23. Signature Walter J. Phillips (M. D. or other)Address 3825 N. 20th Date signed 10-18-40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed .....

Licensed Embalmer No. 2777

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, above space should be left blank.