11303
No. 7
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 40821

Registration District No. 791 Primary Registration District No. Registrar's No. 10592

1. PLACE OF DEATH:
(a) County 1
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
0
(a) State Missouri. (b) County
(c) City or town Saint Louis, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5133 Dresden Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alfred Brauchy
3. (b) If veteran, name war
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced.
6. (b) Name of husband or wife Emma Brauchy
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased September (Month) 29th, (Day) 1874 (Year)
8. AGE: Years 66 Months 2 Days 23 If less than one day hr. min.
9. Birthplace Saint Louis, (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation Painter. 7
11. Industry or business 9
MOTHER FATHER
12. Name Alfred Brauchy
13. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Alfred J. Brauchy
(b) Address 5133 Dresden Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1940. (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews ~~New Pickers~~ Cemetery
18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 2663 Cherokee Street.
19. (a) DEC 24 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22, year 1940 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from November 22, 1940, to December 22, 1940; that I last saw him alive on December 22, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Cardiac hypertrophy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. M. Earl (M. D. or other)
Address 1515 Lafayette Ave. Date signed 12/23/40

(Licensed Embalmer's Statement on Reverse Side)

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 Jeddie A. Fitzgerald

Licensed Embalmer No. 2270

P. O. Address 2613 Churchill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.