DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 21 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32848

Registration District No. 882 FILED OCT 21 1941

Primary Registration District No. 6174

Registrar's No. 9

**1. PLACE OF DEATH:**

(a) County: Warren Co

(b) City or town: Hickory Grove (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Warren Co

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: R.O Marthasville RR
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME: Henry John Brakensiek

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: M

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Jan (Month) 18 (Day) 1854 (Year)

8. AGE: Years 87 Months 7 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace: Germany (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: Retired farmer

MOTHER FATHER

12. Name: Henry Brakensiek

13. Birthplace: Germany (City, town, or county) (State or foreign country)

14. Maiden name: Maria Elizabeth Brandietz

15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Lorenda Brakensiek

(b) Address: Marthasville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept - 9 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Cappeln Cemetery

18. (a) Signature of funeral director: Nieburg Funeral Home

(b) Address: Wright City Mo

19. (a) 9/9/41 (Date received local registrar) (b) Julius Nieburg (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day sixth year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 5, 1930, to Sept 6, 1941; that I last saw him alive on Aug 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart disease (Coronary occlusion) — Duration: One hour

Due to: Coronary Sclerosis, Myocarditis — 3 years

Due to:

Other conditions: Old age debility
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operation
Of autopsy: No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No external cause

(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: Benjamin Brandt (M. D. or other) M.D

Address: Foristell Mo Date signed 9-8-41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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## 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 Julius J. Zieburg

Licensed Embalmer No. 3366

P. O. Address Wright City, M

**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.**