

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 30 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1218

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
36th and Frederick Ave. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 54 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2222 Seneca
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1942 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 17th 1942 on Dec 17th 1942 that I last saw him alive on Dec 17th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 1 day
Due to Angina Pectoris 2 weeks
Due to

Other conditions None noted suddenly
(Include pregnancy within 3 months of death)
Major findings: None while driving his car on his way to work following some attacks of acute indigestion PHYSICIAN
Of operations: not and pains in chest Underline which death should be charged statistically.
Of autopsy: not and pains in chest

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) (e) Means of injury.....
23. Signature H. J. Mundy (M. D. or other) Coroner
Address 404 So 3d St Date signed 12/17/42

3. (a) PRINT FULL NAME ALBERT A. BRAGE

3. (b) If veteran, name war none 3. (c) Social Security No. 491-09-8240

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Aurelia M. Brage 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 2 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 1 15 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation toll line tester

11. Industry or business South Western Bell Telephone

12. Name Carl Axel Brage

13. Birthplace Unknown Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Ane Marie Peterson

15. Birthplace Unknown Denmark
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert Brage

(b) Address 2222 Seneca Street,

17. (a) Burial (b) Date thereof 12/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Walter B. G. ...

(b) Address 319 S. 10th St. Joseph, Mo.

19. (a) 12-19-42 (b) Rose Skaggs
(Date received local registrar) (Registrar's signature)

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

11
1
7

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.....

..... 12/17 - 1942, Registered Apprentice No.....
working under my personal supervision.

Signed..... Frank A. Bournay

Licensed Embalmer No..... 1710

P. O. Address..... St. Joseph 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, fact should be so stated above.