

FILED JUN 14 1943

Registration District No. 818

Primary Registration District No. 1003

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

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:  
3515 Sullivan Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3515 Sullivan Ave.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

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3. (a) PRINT FULL NAME Louise Brasse

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Gustave Brasse 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. September 21, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 8 15 hr. min.

9. Birthplace. St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name Strubbe  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Henrietta Knollenberg  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Lubkes

(b) Address 3515 Sullivan Ave.

17. (a) Burial (b) Date thereof. June 9, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Halvin F. Feutz Fun Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JUN 8 1943 J. J. Brueck  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th,  
year 1943 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from May 31  
1943 to June 6, 1943  
that I last saw her alive on June 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to 131  
Due to.....

Other conditions Arteriosclerosis, Scurvy, 6th  
(Include pregnancy within 3 months of death) Chronic nephritis

Major findings: Of operations.....  
Of autopsy.....  
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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....  
23. Signature B. J. Brueck (M. D. or other)  
Address 1875 Madison Date June 7, 1943

Dr. Harold  
M.A. 5061  
St. Louis

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed

Licensed Embalmer No. ....

P. O. Address

**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.**