

Registration District No. 318

Primary Registration District No.

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:  
residence-625 South Skinker Blv'd.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
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. 625 South Skinker Blv'd.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ADA PAMPLIN BRAUER

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

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

6. (b) Name of husband or wife Edward J. Brauer 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October 10 1889  
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name John W. Chamberlin

13. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pamplin

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Chamberlin

(b) Address 625 S. Skinker, St. Louis

17. (a) burial (b) Date thereof 9-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7253 Delmar Blv'd., St. Louis

19. (a) SEP 13 1943 (b) J. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't., day 12th,  
 year 1943, hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from June 26, 1941 to Sept. 12, 1943,  
 that I last saw her alive on Sept. 12, 1943,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease  
Mitral Stenosis Duration 31 years

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Chronic Nephritis 4 mo.  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Niraant. Luyth (M. D. or other) MD  
 Address 3720 Washburn Date signed 9/12/43

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

MOTHER FATHER

Dr. Hiram Liggett  
3720 Washington Blv'd.  
JE-1551

2-4 P.M.

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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 Clarence H. Murray

Licensed Embalmer No. 4011

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, fact should be so stated above.**