

FILED NOV 29 1943 18

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
2846 Arlington Ave.  
(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

3. (a) PRINT FULL NAME Lucinda Brauks

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>George S. Brauks</u>	6. (c) Age of husband or wife if alive <u>73</u> years	
7. Birth date of deceased <u>Apr. 7 1871</u> <small>(Month) (Day) (Year)</small>		

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace St. Louis Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER	12. Name <u>Daniel Crawford</u>	
	13. Birthplace <u>Unknown</u> <small>(City, town, or county) (State or foreign country)</small>	<u>9</u>
	14. Maiden name <u>Unknown</u>	
	15. Birthplace <u>Unknown</u> <small>(City, town, or county) (State or foreign country)</small>	<u>9</u>

16. (a) Informant George S. Brauks  
 (b) Address 2846 Arlington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-43  
(Month) (Day) (Year)  
 (c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) Nov 16 1943 (b) J. P. Bradley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2846 Arlington Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14  
 year 1943 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 14 - 1943  
to Nov 14 - 1943 to one visit 19\_\_\_\_;  
 that I last saw her alive on Nov. 14 - 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of the myocardium  
chronic myocarditis  
 Due to cardiac insufficiency  
 Due to senility

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy no

Duration \_\_\_\_\_  
 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?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

Signature D. J. P. Murphy (M. D. or other) \_\_\_\_\_  
 Address 2846 7th Kingshighway  
 Date signed 11-16-43

1915  
26  
10 8770  
M. K. Simpson

**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 Warren A. Carver

Licensed Embalmer No. 3534

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.