

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 27 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2674

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:
Missouri Baptist Hospital
(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 Sophia Braungardt

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, Widowed

6. (b) Name of husband or wife Late Conrad Braungardt

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

7. Birth date of deceased Oct. 29th 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>19</u>	hr. _____ min.

9. Birthplace Lincoln County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name William Beckemeier

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

14. Maiden name Wilhelmina Myer

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

16. (a) Informant Mrs. C. Caldwell

(b) Address 5023 Elenore Ave.

17. (a) Burial (b) Date thereof 3-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Monroe Mo.

18. (a) Signature of funeral director Kriegshäuser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 21 1944 (b) J. F. Busack
(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. 5023 Elenore 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 March day 19th
year 1944 hour 6 ⁴⁰ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 22
1943 to March 18, 1944

that I last saw h. to alive on March 18, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Removal of tumor from mouth due to carcinoma of lung

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature J. F. Busack (M. D. or other) _____
Address 207 - Chase Bldg Date signed 3-20-44

708810

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 Edwin D. Mc Dermott

Licensed Embalmer No. 3024

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.