

FILED JUN 30 1944

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 5442

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3644 Palm
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life _____ (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME Henry Brameier

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Caroline 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 14 1871
 (Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 1 If less than one day
 hr. _____ min. _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Brameier Germany
 13. Birthplace _____ (State or foreign country)
 14. Maiden name Charlotte Brun
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Lena Brameier
 (b) Address 3644 Palm St.

17. (a) Burial (b) Date thereof June 19, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director New Bethlehem Cemetery

(b) Address 936 St. Louis Ave.
 JUN 16 1944

19. (a) _____ (Registrar's signature)
 (Date received local registrar)

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. 3644 Palm St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
 year 1944 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3-15 1944 to 6-15 1944
 that I last saw him alive on 6-15 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart trouble
(Mitral)

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

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? _____ (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)
 Means of injury _____
 23. Signature [Signature] (M. D. or other)
 Address 3519 Weber St. Date signed 6-15-44

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.....

[Handwritten Signature]
Licensed Embalmer No..... 3737

P. O: Address..... 1936 St. Louis

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.