V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25620

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1615

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

96
0
0

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether

In this community 11 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ballwin 0 (If outside city or town limits, write "RURAL")

(d) Street No. Manchester Road (If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rose Bramer BRAMER

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 Aaron Bramer

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

7. Birth date of deceased Dec. (Month) 18 (Day) 1890 (Year)

8. AGE: Years 53 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Johnson County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation housewife

11. Industry or business UNKNOWN

FATHER
12. Name Thomas Watson
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Kitty Hendrickson
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Frank Bramer

(b) Address 8402 Litzinger - Brentwood Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director STROOT - CARROLL

(b) Address 4600 NATURAL BRIDGE

19. (a) JUL 31 1944 (Date received local registrar) (b) E. D. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1944 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 15th, 1944 to July 25, 1944 that I last saw her alive on July 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arteria Sclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93d

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. W. Jansen (M. D. or other)

Address Manchester Mo Date signed 7/25/44

228
2/44

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1944

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 Frank H Stroot

Licensed Embalmer, No. 2265

P. O. Address 4601 Mt Bridgeon

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.