

STANDARD CERTIFICATE OF DEATH

State File No.

6363

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis Children's  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 25 hrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Ferguson  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 105 Elkan Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? 1 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Brauch, Leslie John

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 9 1938  
(Month) (Day) (Year)

8. AGE: Years 7 Months 4 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None (Child)

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

12. Name Oliver G. Brauch  
 13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Viola Schutz  
 15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver G. Brauch  
 (b) Address 105 Elkan Av, Ferguson, Mo.

17. (a) Burial (b) Date thereof 8/6/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Kraeger-Voss, Inc.  
 (b) Address 3402 No. Kingshighway

19. (a) AUG 4 1945 J. F. Brauch  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3  
 year 45 hour 5 minute 15 AM.

21. I hereby certify that I attended the deceased from 8 - 2 1945, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Bulbar Poliomyelitis

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

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

Other conditions 36  
(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)  
 (b) Means of injury 3

23. Signature Gilbert B. Fortner (M. D. or other) \_\_\_\_\_  
 Address 500 So. Kingshighway Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Kraeger - Voss

**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 John Gonoski

Licensed Embalmer No. 3388

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.**