V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28869

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8642

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

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17
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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: 5014 Potomac
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5014 Potomac 014
(If rural, give location)
(e) Citizen of foreign country? Yes 0 (Yes or No)
If yes, name country Luxemburg

3. (a) PRINT FULL NAME Pierre Bram
3. (b) If veteran, name war -----
3. (c) Social Security No. -----
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Margaret LaBouve
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased January (Month) 1, (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
82	9	5	hr. min.

9. Birthplace Luxemburg (City, town, or county) Luxemburg 11 (State or foreign country)
10. Usual occupation General Contractor
11. Industry or business Building
FATHER 12. Name Baptiste Bram
13. Birthplace Luxemburg 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Viviene
15. Birthplace Luxemburg 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. John Drake
(b) Address 5014 Potomac
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/45 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cemetery
18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Avenue
19. (a) OCT 7 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6, year 1945 hour 4: minute 30 A. M.
21. I hereby certify that I attended the deceased from Sept. 27th, 1945 to Death, 19 ; that I last saw him alive on October 5th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma (Cancer) of the	
Due to throat and glands of neck	3 Mo.
Due to Primary site in throat	
Other conditions (Include pregnancy within 3 months of death) none	

Major findings:
Of operations none
Of autopsy no

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

23. Signature Dr. M. H. Walter (M. D. or other)
Address 3608 S. Grand Blvd. Date signed 10/6/45

(Licensed Embalmer's Statement on Reverse Side)

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 Felix J. Krispin

Licensed Embalmer No. 3497

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.