S. No. 2
M—2-43
. 5-17-39
. I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31401

FILED OCT 17 1945

Registration District No. _____ Primary Registration District No. 6076 Registrar's No. 2366

1. PLACE OF DEATH:
(a) County St.Louis
(b) City or town Rural St.Ferdinad
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Villa Gesu Convent
(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 _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St.Louis 96
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 12000 Rivervieu Drive. 0
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sister Mary Solana Brauckmann
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 Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October (Month) 4 (Day) 1874 (Year)

8. AGE: Years 70 Months 11 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Germany (State or foreign country)
10. Usual occupation Domestic
11. Industry or business _____
FATHER
12. Name Joseph Brauckmann
13. Birthplace _____ (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Bernadine Coster
15. Birthplace _____ (City, town, or county) Germany (State or foreign country)
16. (a) Informant Sister Mary Tolentine S.S.N.D
(b) Address 12000 Rivervieu DriveR.3Box503
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept.26,45 (Month) (Day) (Year)
(c) Place: burial or cremation Villa Gesu Cemetery
18. (a) Signature of funeral director C.Hoffmeister U.&.L.Co
(b) Address 7814 S.Broadway St.Louis,Mo.
19. (a) 9-26-45 (Date received local registrar) (b) C.G.Hoffmeister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24 year 1945 hour 5 minute 30 a. M.
21. I hereby certify that I attended the deceased from July 1945 to Sept 1945 and that I last saw her alive on Sept 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Chronic — Duration 2 Y.
Due to _____
Due to 1 3 1 8
Other conditions Senility
(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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature John C Cornell (M. D. or other) 10/8/45
Address 5005 a Gravois Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

Hu-3666

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 78145 Broadway

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.