

3. No. 2
1-8-13
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11850

FILED MAR 16 1946
Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 15

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

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

(c) Name of hospital or institution: ✓ /
(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 3 yrs - 11 mo 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town STE. GENEVIEVE 95
(If outside city or town limits, write "RURAL")

(d) Street No. 798 BINT MORE ST. 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ETTA BRASWELL

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 13
year 1946 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from Feb 8
1946 to Feb 13 1946
that I last saw h er alive on Feb 12 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WILLIAM BRASWELL 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: OCT 29 1874
(Month) (Day) (Year)

Immediate cause of death: Acute Cardiac Distention

Due to Hypertensive Pneumonia

Due to Cerebral Haemorrhage
Chronic Hypertension

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

Duration _____

8. AGE: Years 71 Months 3 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace TENN. 1
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name UNKNOWN

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 0
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant FLOYD KORANZE

(b) Address STE. GENEVIEVE MO

17. (a) BURIAL (b) Date thereof 2-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARQUAND MO

18. (a) Signature of funeral director Geo. C. Bask

(b) Address St. Genevieve Mo

19. (a) 2-15-46 (b) Leo W. Hall
(L. also received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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) (e) Means of injury 1

23. Signature St. Genevieve Mo (M. D. or other) MD
Address _____ Date signed 2-13-46

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

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 Geo C. Basler

Licensed Embalmer No. 1985

P. O. Address. St. Lawrence Co

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.