

No. 2
5-43
5-17-39
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18207

FILED MAY 31 1946
318

State File No. _____
Registrar's No. **4539**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3123a Boardman
(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 71 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hattie Bramsch

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488019385

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 July 29 1874
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>71</u> | <u>9</u> | <u>20</u> | ____ Fr. ____ min. |

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Payroll Clerk

11. Industry or business Drug Store

MOTHER FATHER

12. Name Henry Bramsch

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Finke

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alonzo Abell

(b) Address 1419 McCausland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1946
(Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Ave

19. (a) MAY 21 1946 (Date received local registrar) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town _____ 13
(If outside city or town limits, write "RURAL") 000

(d) Street No. 3123a Boardman 17
(If rural, give location)

(e) Citizen of foreign country? No. 9 (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1946 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Coronary thrombosis

Due to _____ 94

Due to _____

Other conditions _____
(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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature W. J. [unclear] (M.D. or other) 3

Address [unclear] Date signed 5/20/46

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 Delis J. Kraspin
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.