

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42171
State File No. 10414
Registrar's No.

Registration District No. 318 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:
Jewish Hos'p
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community a few days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County 999
(c) City or town Ft. Smith
(If outside city or town limits, write "RURAL")
(d) Street No. 711 Belle Ave
(If rural, give location) NR 3
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Emil Braht
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stessi Braht 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased September 7th 1891
(Month) (Day) (Year)
8. AGE: Years Months 27 If less than one day
55 2 2 hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 4
year 1946 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from 12/1/46 to 12/4/46
that I last saw him alive on 12/4/46 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 1 wk
Due to _____
Due to 12/1
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy Granular kidneys

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 B. Y. Glassberg (M. D. or other) M.D.
Address 3720 Washington Date signed 12/5/46

MOTHER FATHER

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Drygoods
12. Name Siegfried Braht
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Selma Bruehl
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Franz Braht
(b) Address 801 Remiston Ave Clayton Mo.
17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation Ft. Smith Ark
18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd
19. (a) _____ (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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

DEC 5 1948

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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 J. Allen Rye Jr
Licensed Embalmer No. 40531
P. O. Address St Louis Mo

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.