

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42172**
Registrar's No. **11320**

FILED JAN 13 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....**St. Louis**

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

(c) Name of hospital or institution:
5989 Romaine Pl.
(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.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ernest H. Brakensiek**

3. (b) If veteran, name war.....**Nil**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife.....**Unknown**

6. (c) Age of husband or wife if alive.....**1863** years

7. Birth date of deceased.....**January 30 1863**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	11	0	hr. min.

9. Birthplace **Hoyle Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Carpenter**

11. Industry or business.....

12. Name **Frederick Brakensiek** ?

13. Birthplace **Unknown** ?
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** ?

15. Birthplace **Unknown** ?
(City, town, or county) (State or foreign country)

16. (a) Informant **Edwin Dieckgrafe**

(b) Address **5989 Romaine Pl.**

17. (a) **Burial** (b) Date thereof **1-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Melle, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **DEC 31 1945** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles** 92

(c) City or town **New Melle** NR
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) ✓
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **30**
year **1946** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Sept 3**, 19**46**, to **Dec 30**, 19**46**
that I last saw him..... alive on **Dec 30**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** Duration **6 months**

Due to.....

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)..... (e) Means of injury.....

23. Signature **C. E. Sterling** (M. D. or other) **MD**

Address **26.50 North South Rd** Date signed **31 Dec 46**

JAN 27 1947

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.....

Ernest W. Spillers
.....
Licensed Embalmer No. *4080*.....

P. O. Address.....

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.