No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29778

FILED AUG 16 1947

Registration District No. 36

Primary Registration District No. 3069

Registrar's No. 1722

1. PLACE OF DEATH: ST LOUIS
(a) County
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARYS HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2909 S. 59th St 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME SYLVIA BRAASCH
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race W.
6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED
6. (b) Name of husband or wife REINHART BRAASCH
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 3 (Day) 1894 (Year)

8. AGE: Years 53 Months 2 Days 7 If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business OWN
FATHER
12. Name BENJAMINE WEBBER 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mr. Reinhart Braasch
15. Birthplace 2909 S. 59th St 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Benjamin BRaasch
(b) Address 2909 S. 59th St
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof AUG 13-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ VALHALLA CEM.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.
19. (a) 8-12-47 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1947 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug. 10-5 AM 1947 to Aug 10-4 AM 1947 that I last saw her alive on Aug 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonicus Septocemia — Duration 22 hrs.

Due to 24a

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Induration & congestion of abdominal organs. Pneumonicus in spinal fluid

PHYSICIAN
Underline the cause of 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 0

23. Signature O. E. Williamson (M. D. ~~or other~~)
Address 6336 Clayton Road Date signed 8/11/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Jos B Vollmer

Licensed Embalmer No 4014

P. O. Address 3125 Lafayette Ave

**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.**