No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1948

State File No. 509

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 4613 CARRIE AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 94 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4613 CARRIE AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LUCY BRAUER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LATE JOHN F. BRAUER

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

7. Birth date of deceased JULY 9th, 1852
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
95	6	6	hr. min.

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

10. Usual occupation UNEMPLOYED

11. Industry or business

FATHER
12. Name HENRY HIFFMANN
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CHARLOTTE SCHNAARE
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. CHARLOTTE B. GERWITZ
(b) Address 4613 CARRIE AVENUE

17. (a) BURIAL (b) Date thereof 1/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD

19. (a) JAN 18 1948 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 15th
year 1948 hour 3 minute 45 P M.

21. I hereby certify that I attended the deceased from 21 July 1947 to Jan 15 1948
that I last saw her alive on Jan 15 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	3 days
Due to Myocarditis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature Nicholas J. Honich M.D.
Address 8902 Riverview Blvd. Date signed 1/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1959

6902 RIVERVIEW BLVD.,
1 to 4 P. M.

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 John A. Mlinar

Licensed Embalmer No. 4186

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.