

No. 300
-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20687
5356
Registrar's No. _____

Registration District No. 310

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4122 North Kingshighway/Blvd
(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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4122 North Kingshighway 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nathan W. Brake
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11
year 1948 hour 4 minute 00 a. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret Brake
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 29 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-1-48, 1948
that I last saw him alive on 6-7-48
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 1 12 hr. _____ min.

Immediate cause of death: Cardiac Failure
Due to Chr Myocarditis
Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Streetcar Operator
11. Industry or business Public Service
12. Name Joseph A. Brake
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Lillie Ann Sodders
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Iva Tackett
(b) Address 184 E. Garfield Decatur Ill
17. (a) Removal (b) Date thereof 6/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clinton Illinois
18. (a) Signature of funeral director: Stroot - Carroll
(b) Address 4600 Natural Bridge Ave
19. (a) JUN 12 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 _____
Signature Ed. Lonsche (M. D. or other) M.D.
Address 4885 Natural Bridge 6/12/48

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

MOTHER FATHER

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.....

Ben Hoffman

Licensed Embalmer No. *4366*

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.