

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5992

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 1256
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 6031 Horton Place - Pt's. home		d. STREET ADDRESS (If rural, give location) 6031 Horton Place		
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) R. c. (Last) Braudrick		4. DATE OF DEATH (Month) (Day) (Year) 2-8-49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-1-88	9. AGE (In years last birthday) 61 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Police Officer Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME John Braudrick		
13b. MOTHER'S MAIDEN NAME Belle Robertson		14. NAME OF HUSBAND OR WIFE Mary (Collins) Braudrick		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Navy 1904 1908		16. SOCIAL SECURITY NO. 1904 1908		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul G Braudrick 5523 Pershing.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease Congestive Heart Failure DUE TO (b) Arteriosclerotic Heart Disease, 1939 - DUE TO (c) Encephalopathy due to Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 9-19-48
19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION no			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? no		
22. I hereby certify that I attended the deceased from Sept 19, 1948 , to Feb 8, 1949 , that I last saw the deceased alive on Feb 2, 1949 , and that death occurred at 6 A. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) James B. Stubbins		23b. ADDRESS 1325 S. Grand		23c. DATE SIGNED 2-8-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 10 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. FEB 9 1949	REGISTRAR'S SIGNATURE J. B. Losater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. F. Sturck Union Bl.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

0:48

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Edmo R. Cadwell

Signed _____

Student Embalmer

Licensed Embalmer No. *4077*

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.