

FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8007

State File No.

BIRTH NO.		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		c. LENGTH OF STAY (If in this place) <u>28 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		37	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 W. Third St</u>				d. STREET ADDRESS (If rural, give location) <u>West 3rd Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINA</u>		b. (Middle) <u>LINA</u>		c. (Last) <u>BRAUTIGAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 2 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 27, 1875</u>	
9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR Months Days		11. UNDER 10 HRS. Hours Min.		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>				13a. FATHER'S NAME <u>Henry Oberheide</u>			
13b. MOTHER'S MAIDEN NAME <u>Anite Schuememann</u>				14. NAME OF HUSBAND OR WIFE <u>Edward Brautigam</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Brautigam Hermann, Mo</u>			
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) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 8, 1949</u> , to <u>Feb. 13, 1949</u> , that I last saw the deceased alive on <u>Feb. 13, 1949</u> , and that death occurred at <u>8 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John B. Ryan M.D.</u>				23b. ADDRESS <u>Hermann Mo</u>		23c. DATE SIGNED <u>3/4/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hermann City Cemetery Hermann</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/4/49</u>		REGISTRAR'S SIGNATURE <u>Edmund ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>August ...</u>		ADDRESS <u>Hermann, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 8 1949

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 me

working under my personal supervision.

Student
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 3160

P. O. Address Herrmann 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.