

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9829

318

1003 318

1003 State File No. 2256

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>MOON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS,</u>		179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4880 SAN FRANCISCO AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>4880 SAN FRANCISCO AVE. 0</u>			
3. NAME OF DECEASED (Type or Print) <u>ANNA</u>		a. (First)		b. (Middle) <u>M.</u>		c. (Last) <u>BRACKSIECK</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 7TH, 1949</u>	
8. DATE OF BIRTH <u>APR. 25TH, 1884</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 SEES. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>HERMAN KOESTER</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE SCHAEFERING</u>		14. NAME OF HUSBAND OR WIFE <u>FRED J. BRACKSIECK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRED J. BRACKSIECK, 4880 SAN FRANCISCO AVE.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Hemorrhage</u> ANTECEDENT CAUSES <u>Chv Hypertension</u> DUE TO (b) <u>82</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>undiscovered</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 10, 1949</u> to <u>March 7, 1949</u> , that I last saw the deceased alive on <u>March 7, 1949</u> , and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arthur Belby M.D.</u>				23b. ADDRESS <u>2739 N. Grand</u>		23c. DATE SIGNED <u>3/10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 11 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Jester</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4828 NATURAL BRIDGE</u>			

(Licensed Embalmer's Statement on Reverse Side)

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..... *John A. Mlinar*

Signed.....
Student Embalmer

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.