

FILED MAY 5 1950

## STANDARD CERTIFICATE OF DEATH

State File No. **12535**

BIRTH NO. _____		REG. DIST. NO. <b>119</b>		PRIMARY REG. DIST. NO. <b>4193</b>		Registrar's No. <b>9</b>	
1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hermann</b>		c. LENGTH OF STAY (In this place) <b>31 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hermann</b>		<b>0371</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>217 W. Second St</b>				d. STREET ADDRESS (If rural, give location) <b>217 W. Second St</b>			
3. NAME OF DECEASED (Type or Print) <b>SOPHIA</b>		a. (First) <b>CHARLOTTE</b>		c. (Last) <b>BRAUTIGAM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 4 1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 26, 1868</b>	
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>0</b>		IF UNDER 1 YEAR Days <b>0</b>		IF UNDER 1 YEAR Hours <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Hermann, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>George Eppler</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Hof</b>		14. NAME OF HUSBAND OR WIFE <b>Karl Brautigam</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Walter Haeffner, Hermann, Mo</b>			
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) <b>apoplexy</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH   <b>334X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>June 1947</b> , to <b>April 4, 1950</b> , that I last saw the deceased alive on <b>April 4, 1950</b> , and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Howard Workman M.D.</b>				23b. ADDRESS <b>Hermann Mo</b>		23c. DATE SIGNED <b>4-6-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-6-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hermann City Cemetery Hermann</b>		24d. LOCATION (City, town, or county) (State) <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>4/6/50</b>		REGISTRAR'S SIGNATURE <b>W. Mendenhall</b>		FEDERAL DIRECTOR'S SIGNATURE <b>Hugo H. Krumm</b>		ADDRESS <b>Hermann, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
MAY 4 1950  
District Health Officer  
District File Number

### 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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.