

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5897

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1225

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis Mo.	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) 4291 TOWN Page Dale	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hospital		d. STREET ADDRESS (If rural, give location) 6726 Page Blvd., 1	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) MCKINLEY c. (Last) BRAUER			4. DATE OF DEATH (Month) (Day) (Year) FEB 7 1951			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 11, 1896.	9. AGE (In years last birthday) 54	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, even if retired) Pipe fitter		10b. KIND OF BUSINESS OR INDUSTRY Gulf Mobile R.R.		11. BIRTHPLACE (State or foreign country) Murphyboro, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Fred Brauer		13b. MOTHER'S MAIDEN NAME Wilhemina Schaefer		14. NAME OF HUSBAND OR WIFE Sophronia Brauer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 720-14-1370		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sophronia Brauer, 6726 Page Blvd.,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		DUE TO (b) coronary thrombosis			12 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) arteriosclerosis			years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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 FEB 2, 1951, to FEB 7, 1951, that I last saw the deceased alive on FEB 6, 1951, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.H. Johnson, M.D.		23b. ADDRESS 1755 So. Grand		23c. DATE SIGNED 2/7/51	
24a. BURIAL/CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 9, 1951		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.,	
				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	

DATE REC'D BY LOCAL OFFICE FEB 7 1951		REGISTRAR'S SIGNATURE Jos. B. Fasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Alfred J. Boelker

Signed.....  
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hotchkiss

**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.