

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 55084

FILED JUN 15 1951

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Illinois</i> b. COUNTY <i>Calhoun</i>		
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis</i>		c. LENGTH OF STAY (in this place township) <i>11 weeks</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Hamburg Ill RR # 1</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5958 Maple Avenue</i>			d. STREET ADDRESS (If rural, give location) <i>9120 9</i>		
3. NAME OF DECEASED (Type or Print)		a. (First) <i>ROSE</i>	b. (Middle) <i>L</i>	c. (Last) <i>BRANGENBERS</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>MAY 26 1951</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>August 7 1899</i>	9. AGE (In years last birthday) <i>71</i>	IF UNDER 1 YEAR Months <i>-</i> Days <i>-</i> Hours <i>-</i> Min. <i>-</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSE KEEPER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>OWN HOME</i>	11. BIRTHPLACE (State or foreign country) <i>Illinois</i>		12. CITIZENSHIP OF WHAT COUNTRY? <i>U. S. A.</i>
13a. FATHER'S NAME <i>Henry T. Bunch</i>		13b. MOTHER'S MAIDEN NAME <i>Lynnie Cloninger</i>		14. NAME OF HUSBAND OR WIFE <i>Michael Brangenberg</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Michael Brangenberg</i> ADDRESS <i>Hamburg Ill</i>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Coronary Thrombosis & Infection</i>			ANTECEDENT CAUSES		DUE TO (b) <i>Coronary Arteriosclerosis</i>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <i>Cardiac Decompensation</i>		November 1950
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					2-3 months
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)		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? <i>H2O1</i>	
22. I hereby certify that I attended the deceased from <i>Nov. 29</i> , 1950, to <i>May 26</i> , 1951, that I last saw the deceased alive on <i>May 26</i> , 1951, and that death occurred at <i>8 p.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Hiram L. Huggitt</i>			23b. ADDRESS (Degree or title) <i>M. D.</i> <i>3720 Washington Blvd</i>		23c. DATE SIGNED <i>5/26/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>May 29 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Summit Grove</i>		24d. LOCATION (City, town, or county) (State) <i>Calhoun Illinois</i>
DATE REC'D BY LOCAL REG. <i>MAY 31 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Basseter</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>C. C. Hankins</i> ADDRESS <i>Hardin, Illinois</i>	

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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 ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis 10

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.