No. 300
10.48

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

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44133

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 000 Registrar's No. 11711

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 2029
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 5219 Gresham Ave.

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) P. c. (Last) BRAUKS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30 1951

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 3, 1895

9. AGE (In years last birthday): 56 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist Helper-Anheuser-Busch Inc.

10b. KIND OF BUSINESS OR INDUSTRY: St. Louis, Mo.

11. BIRTHPLACE (State or foreign country): 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: William Brauks

13b. MOTHER'S MAIDEN NAME: Mathilda Rathert

14. NAME OF HUSBAND OR WIFE: Frieda Brauks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.: 348-05-1965

17. INFORMANT'S SIGNATURE OR NAME: Frieda Brauks — **ADDRESS**: 5219 Gresham Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Perforated Appendicitis with Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS —
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/28/51.

19b. MAJOR FINDINGS OF OPERATION: Perforated Appendicitis with Emphysematous Peritonitis

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 550.1

22. *I hereby certify that I attended the deceased from* 12/27/51, 19___, *to* 12/30/51, 19___, *that I last saw the deceased alive on* 12/29/51, 19___, *and that death occurred at* 2:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. E. Stindel, M.D. — (Degree or title): STINDEL

23b. ADDRESS: 3701 Grandel Sq.

23c. DATE SIGNED: 12/31/51.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Jan. 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park

24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 1/7/52 — REGISTRAR'S SIGNATURE: Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Kriegshauser 4228 S. Kingshighway Bl.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stoversan

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

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.