

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6264

FEB 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1121

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2109	
c. LENGTH OF STAY (In this place) -----		d. STREET ADDRESS (If rural, give location) 4016 Lexington Avenue, 15, 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4016 Lexington Avenue, 15.			

3. NAME OF DECEASED (Type or Print) a. (First) Katherineia b. (Middle) Braeckner c. (Last)		4. DATE OF DEATH Feb. 4th, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 3rd, 1875
9. AGE (In years last birthday) 76		10. KIND OF BUSINESS OR INDUSTRY Own Home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Martin Gier	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Late William Braeckner
--------------------------------	-----------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred A. Braeckner, 4242 Kossuth Avenue, 15.
--	---------------------------------	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1/7/52  1938  1944
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Damage Cormary type		
	DUE TO (c) Hypertensive Cardiovascular Disease Cardiac hypertrophy - Dilatation with aorta		
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)	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? 4201
---	--	---------------------------------

22. I hereby certify that I attended the deceased from 1/27, 1944, to 2/7, 1952, that I last saw the deceased alive on 1/25, 1952, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Felleberg M.D. - 0	23b. ADDRESS 8321 No Broadway	23c. DATE SIGNED 2/8/52
---	-------------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/7/52	24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
--	------------------	---	---

DATE REC'D BY LOCAL REG. FEB 5 1952	REGISTRAR'S SIGNATURE Calvin F. Fouts	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Fouts, 4828 Natural Bridge Blvd.
-------------------------------------	---------------------------------------	---

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

Be at 8521 N. ...  
He will meet you there  
9:30 am Tues

**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.

Student .....  
Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 4225

P. O. Address St. Louis, 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.