

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9733**

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2160**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 23 2713 Shenandoah Ave.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) ERNST		b. (Middle) A. c. (Last) BRAUNS	
5. SEX Male		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
6. COLOR OR RACE White		8. DATE OF BIRTH August 17, 1865.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling Salesman		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
10b. KIND OF BUSINESS OR INDUSTRY Food		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ernst Brauns		13b. MOTHER'S MAIDEN NAME Wilhelmina Hasenstadd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE Elizabeth Luinbold.	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Miss Melba Brauns. 2713 Shenandoah Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 332X			
22. I hereby certify that I attended the deceased from 3-1-52 , 19____, to 3-5-52 , 19____, that I last saw the deceased alive on 3-5-52 , 19____, and that death occurred at 8:30A m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert Kuyau MD (Degree or title)		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 3-5-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 8, 1952	
24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
DATE REC'D BY LOCAL REG. MAR 6 1952		REGISTRAR'S SIGNATURE Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc.		ADDRESS 1936 St. Louis Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Melvin J. Krupar

Licensed Embalmer No. 3497

P. O. Address 1936 St. Lawrence

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.