

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4253

State File No.

 XC--NONE
 REG# 108217
 DATE FEB 10 1953
REG. DIST. NO. 317PRIMARY REG. DIST. NO. 500Registrar's No. 386

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MADISON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS., MO.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALTON		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			d. STREET ADDRESS (If rural, give location) 6168 EAST 8TH STREET		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) H.		c. (Last) BRACHT	
4. DATE OF DEATH (Month) (Day) (Year) 1-31-53					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 6-8-94	9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (State or foreign country) ALTON, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME CARL BRACHT		13b. MOTHER'S MAIDEN NAME EMMA LINSICH		14. NAME OF HUSBAND OR WIFE IONA BRACHT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES NW-1		16. SOCIAL SECURITY NO. 327123766		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS 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. 49999		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE		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 VA		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 1-30-53, 1953, to 1-31-53, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Milton H. Lincoln M.D.		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.		23c. DATE SIGNED 2-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2-2-53		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) Alton, Mo.					

DATE REC'D BY LOCAL REG. 2-2-53		REGISTRAR'S SIGNATURE Hebert R. Douché		FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	
				ADDRESS 6322 S. Grand Blvd.	

(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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed _____

David Van Fossan

Licensed Embalmer No.

4241

P. O. Address _____

6322 So. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.