

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11290

State File No.

FILED MAR 18 1953

318

1003

Registrar's No. 2282

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2282			
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 St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION D. O. A. City Hosp.				e. STREET ADDRESS 5531 (If rural, give location) 13 5531 Southwest av		2139			
3. NAME OF DECEASED (Type or Print) a. (First) Leo			b. (Middle) Joseph		c. (Last) Brauch		4. DATE OF DEATH (Month) (Day) (Year) 2-27-53		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug 18, 1918		9. AGE (In years last birthday) 34 if UNDER 1 YEAR Months Days if UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck mechanic			10b. KIND OF BUSINESS OR INDUSTRY White Mot. Co.		11. BIRTHPLACE (City and State or Foreign Country) Waterloo, Ill.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Joseph Brauch Brauch			13b. MOTHER'S MAIDEN NAME Johanna Dugan			14. NAME OF HUSBAND OR WIFE Mary Brauch Brauch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW#2			16. SOCIAL SECURITY NO. 356-09-9737 unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Brauch, 5534 Southwest				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar skull fracture; Subdural Hematoma DUP exposed when ear operated and deceased went out of control and struck via duct in front of about 5154 Southwest Ave about 220 am Feb 27 1953 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION: 4 3 53		19b. MAJOR FINDINGS OF OPERATION: bad Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bad street		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) St. Louis Mo		21d. (STATE) _____			
21d. TIME OF INJURY Feb 27 53, 2:20		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E8194					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 240 A.M., from the causes and on the date stated above. 31									
23a. SIGNATURE Patrick E Taylor (degree or title) Coronel				23b. ADDRESS 1200 Clark		23c. DATE SIGNED 2 28 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2-27-53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Waterloo, Ill.			
DATE REC'D BY LOCAL REG. FEB 28 1953		REGISTRAR'S SIGNATURE J Carl Smith mo			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quernheim, Waterloo, Ill.				

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.....
Signature of Student Embalmer

Signed *J E Morris*.....

Licensed Embalmer No. *336*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 11290-53

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2282

On this day of, 194....., before me appears Mary Brauch

....., who, upon her oath, states that the original record of birth death

for Leo Joseph Brauch died Feb. 27th, 1953, in the State of

Missouri, and which was filed at St. Louis on 2-28, 1953, should be corrected as follows:

Item No. 3 should read Leo Joseph Brauch

Instead of Leo Jos. Branch

Item No. 2 should read 5531 Southwest Ave

Instead of 5534 Southwest Ave

Item No. 16 should read 356-09-9737

Instead of Unknown

Item No. 13a should read Joseph Brauch

Instead of Joseph Branch

Item No. 14 should read Mary Brauch

Instead of Mary Branch

Item No. 17 should read Mary Brauch

Instead of Mary Branch

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary E. Brauch wife Inf.
Relationship.

5531 Southwest Ave, St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 9 day of March, 1953

My Commission expires 3-4-53 Carl J. Adcock Notary Public.

