

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12784

State File No. ....

No. 300  
10-48

FILED APR 11 1953

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 985

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: rank room before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carsonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robertson</u>	
c. LENGTH OF STAY (In this place) <u>2-yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R#1 Box 276</u>	
3. NAME OF DECEASED a. (First) <u>Anna</u> b. (Middle) <u>Braun</u> c. (Last) <u>Braun</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 4, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 27, 1868</u>
9. AGE (In years last birthday) <u>84</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Nursing Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saukemen, Ill.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Householder</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clinton Guise</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Rustin</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Dcd.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dora Griffith Robertson, Mo. R#L Box 276</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week.</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Cardio-vascular disease.</u> DUE TO (c) <u>Previous strokes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous strokes</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4221</u>	
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 <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 <u>June 21, 1949</u> , to <u>April 4, 1953</u> , that I last saw the deceased alive on <u>April 31, 1953</u> , and that death occurred at <u>1:10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Lewis Littmann MD</u> (Degree or title)		23b. ADDRESS <u>8231 Clayton Rd (17)</u>	
23c. DATE SIGNED <u>4/4/53</u>		23d. LOCATION (City, town, or county) (State) <u>Fattonville, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-6-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fattonville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-4-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donohue - M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>pt.</u>		ADDRESS <u>2504 Woodson Rd. Overland-14-No.</u>	

(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 3454

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 31574

P. O. Address Coerland 1719

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.