

# STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1953  
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9602**

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Missouri Baptist Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY  c. CITY OR TOWN <b>St. Louis</b>  e. STREET ADDRESS (If rural, give location) <b>2229 1308 So. 10th St.</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Leroy</b> c. (Last) <b>Braman</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Oct. 4, 1953.</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never Married</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 26, 1944</b>	<b>9. AGE</b> (In years last birthday) <b>8</b>	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>None</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Rector, Ark.</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>U.S.</b>	

<b>13a. FATHER'S NAME</b> <b>Henry Braman</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Arabel Kirkland</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Henry Braman, 1308 So. 10th St.</b>		

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Interstitial Pneumonitis</b> DUE TO (c) <b>Sequential Magacolon</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>578X</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**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 **130A** m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>Patrick E. Taylor Coroner 3</b>	<b>23b. ADDRESS</b> <b>1500 Clark</b>	<b>23c. DATE SIGNED</b> <b>10.7.53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>10-5-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Woodland Heights</b>
		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Rector, Ark.</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>OCT 7 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith, M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Albert H. Hoppe 4700 Washington.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Elton R. Remelius*

Licensed Embalmer No. *4283*

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