

FILED DEC 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38721

State File No.

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 28

0371

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

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>HERMANN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HERMANN</u>	
c. LENGTH OF STAY (In this place) <u>9 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>702 GOETHE ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>702 GOETHE ST.</u>			
3. NAME OF DECEASED a. (First) <u>GUSTAVE FRIEDRICH</u>		b. (Middle) <u>BRAUTIGAM</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>11 1 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 4, 1880</u>
9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>BERGER, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>WM. BRAUTIGAM</u>	13b. MOTHER'S MAIDEN NAME <u>MARIA ROHLFING</u>	14. NAME OF HUSBAND OR WIFE <u>FRIEDERICKA BRAUTIGAM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WM. BRAUTIGAM, HERMANN, MO. RFD</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> 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 _____	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>HERMANN MO. MO.</u>	
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? _____	
22. I hereby certify that I attended the deceased from <u>7-1, 1953</u> to <u>11-1, 1953</u> that I last saw the deceased alive on <u>11-1, 1953</u> , and that death occurred at <u>2 P. M.</u> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>George M. Workman M.D. Hermann, Mo.</u>		23b. ADDRESS _____	
23c. DATE SIGNED <u>11-3-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>SWISS MO.</u>
DATE REC'D BY LOCAL REG. <u>11-3-53</u>	REGISTRAR'S SIGNATURE <u>Delma Geiken</u>	492	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh St. Herman</u> ADDRESS <u>HERMANN, MO.</u>

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.....

Licensed Embalmer No. 3160

P. O. Address HERMANN, MI.

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.