

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8027

State File No.

FILED MAR 27 1956

BIRTH NO.		REG. DIST. NO. <u>32</u>	PRIMARY REG. DIST. NO. <u>5112</u>	Registrar's No. <u>24</u>
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>		
b. CITY OR TOWN <u>RURAL LORANCE TWP</u>		c. CITY OR TOWN <u>RURAL</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		e. STREET ADDRESS (If rural, give location) <u>NEAR LEOPOLD</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR LEOPOLD</u>		3. NAME OF DECEASED a. (First) <u>SENA</u> b. (Middle) <u>BRAUER</u> c. (Last) <u>BRAUER</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-1956</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, <u>9</u> WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>9-6-1887</u>		9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.F.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM FOLKEN</u>		
13b. MOTHER'S MAIDEN NAME <u>MARGARET SANDERS</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HERMAN SEILER</u> ADDRESS <u>WUTESVILLE, MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>331x</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) (Min.)		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>Jan 2, 1940</u> , to <u>3/19, 1956</u> , that I last saw the deceased alive on <u>3/19, 1956</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>John J. Meyer M.D.</u>		23b. ADDRESS <u>Lutesville Mo</u>		23c. DATE SIGNED <u>3/21/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GLENNON CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>GLENNON Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME, WUTESVILLE, MO.</u> ADDRESS		
DATE REC'D BY LOCAL REG. <u>3-22-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Beulah Crader</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

10.300
10.48
090

520

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..... *A. J. Baker*

Licensed Embalmer No. *357*

P. O. Address *Intervill*

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.