

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32725

State File No.

FILED OCT 8 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2142

1. PLACE OF DEATH
a. COUNTY St. Louis

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) Affton

c. LENGTH OF STAY (in this place) 7-14 to 9-10
CITY OR TOWN Saint Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: 8604 Gravois

e. STREET ADDRESS (If rural, give location) 6935 Mardel Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Florence b. (Middle) Denton c. (Last) Braun

4. DATE OF DEATH (Month) (Day) (Year) 9 - 10 - 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 9 - 2 - 1874

9. AGE (In years last birthday) 82
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 4 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and State or Foreign Country) Henderson Kentucky

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Jarret Denton

13b. MOTHER'S MAIDEN NAME Unknown Biggs

14. NAME OF HUSBAND OR WIFE John Braun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm E. Braun 6935 Mardel

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) MYOCARDIAL FAILURE
ANTECEDENT CAUSES
DUE TO (b) SENILITY
DUE TO (c) ARTERIAL HYPERTENSION
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

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) 4444x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-14, 1956, to 9/10, 1956, that I last saw the deceased alive on 9/10, 1956, and that death occurred at 7:30 AM., from the causes and on the date stated above.

23a. SIGNATURE Eugene H. Strittmatter (Degree or title) D.O.

23b. ADDRESS St Louis 73 Mo 8604 Gravois Ave

23c. DATE SIGNED 9-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 9-11-1956 24c. NAME OF CEMETERY OR CREMATORY Fernwood Cemetery

24d. LOCATION (City, town, or county) (State) Henderson Kentucky

DATE REC'D BY LOCAL REG. 9-11-56 REGISTRAR'S SIGNATURE Robert R. Double

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenfuss Bros. 6409 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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..... *John M. Seymour*

Licensed Embalmer No..... *434*

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.**