

FILED MAR 11 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

5286

STATE FILE NUMBER

 Registration District No. 160 Primary Registration District No. 559V Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL JOACHIM</b>		c. CITY OR TOWN <b>ST LOUIS</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MT VIEW NURSING HOME</b>		Length of stay in 1b <b>3yrs.</b>	d. STREET ADDRESS <b>4639 GREER, AVE.</b>
		(If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>ELIZABETH BRAUN</b>			4. DATE OF DEATH Month <u>2</u> Day <u>23</u> Year <u>57</u>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 29, 1876</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>ST LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>PHILLIP SCHMIDT</b>			14. MOTHER'S MAIDEN NAME <b>BARBARA GOTH</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Arthur Braun St. Louis, Mo.</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Few Min. Only</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year. a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>3-1-54</u> to <u>2-23-57</u> and last saw her alive on <u>2-23-57</u> Death occurred at <u>4:15 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>D. D. Demmitt, M.D.</i>		22b. ADDRESS <i>112 Mississippi Capital City, Mo.</i>		22c. DATE SIGNED <u>2-25-57</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-26-57</u>	23c. NAME OF CEMETERY OR CREMATORY <b>WESTERN LUTHERAN</b>	23d. LOCATION (City, town, or county) (State) <b>ST LOUIS, MISSOURI</b>		
24. FUNERAL DIRECTOR <i>Calvin J. Feutz</i>		ADDRESS <i>7828 Natural Bridge St. Louis - Mo.</i>	25. DATE RECD. BY LOCAL REG. <u>2-25-57</u>	26. REGISTRAR'S SIGNATURE <i>John G. Jordan</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300

1-56

health, Welfare Public Service

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

**JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI**

DATE RECEIVED

MAR 5 1957

MAR 12 1957

**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

*Ralph C. Linder*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**