

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010736

STATE FILE NUMBER

2 2977

APR 6 1959 Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

300
1-57
36
55
200

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wentzville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL St. Louis Childrens INSTITUTION		Length of stay in 1b 16Hrs.	d. STREET ADDRESS (If outside, give location) R # 2
3. NAME OF DECEASED (Type or print) Baby Girl Braungardt			4. DATE OF DEATH Month 3 Day 23 Year 59
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-22-59
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. 18Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Troy, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jack H. Braungardt	
13b. MOTHER'S MAIDEN NAME Kathleen Dickherber		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT June Mansfield Address 500 S. Kingshighway
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fetal atelectasis			INTERVAL BETWEEN ONSET, AND DEATH 1 hr
DUE TO (b) Prematurity (1270 gms)			
DUE TO (c) 762.5			
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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 3-23-59 to 3-23-59 and last saw her alive on 3-23-59 Death occurred at 3-23-59 5:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Richard D. Hartz M.D.</i>		22b. ADDRESS 500 S. Kingshighway	22c. DATE SIGNED 3-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-24-59	23c. NAME OF CEMETERY OR CREMATORY St. Theodore Cemetery	23d. LOCATION (City, town, or county) (State) Flint Hill, Mo.
24. FUNERAL DIRECTOR T.E. Pitman, Funeral Home, Wentzville, Mo.		25. DATE RECD. BY LOCAL REG. MAR 24 '59	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Saulton J. Pitman*

Licensed Embalmer No. *4974*

P. O. Address *Deerfield*

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.