RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 17 1960

-60-031935

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7552

DED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 60 yrs.

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2125 Maury — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MAX Middle Last BRAUCH

4. DATE OF DEATH Month July Day 28, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 4/20/81

9. AGE (last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Candy Manf.

11. BIRTHPLACE (City and state or country) Austria

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Albert Brauch

13b. MOTHER'S MAIDEN NAME Unk

14. NAME OF HUSBAND OR WIFE Jennie

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

16. SOCIAL SECURITY NO. 488-01-1340

17. INFORMANT Marie Zigel Address 1024 Oakview

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinomatosis, Genl. — INTERVAL BETWEEN ONSET AND DEATH 3 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma colon - operated.

DUE TO (c) 153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 6-28-60, to 7-28-60 and last saw ~~her~~ him alive on 7-27-60
Death occurred at 7-28-60 11:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George E. Rouchon MD

22b. ADDRESS 3720 Washington Ave

22c. DATE SIGNED 7-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 7/31/1960

23c. NAME OF CEMETERY OR CREMATORY New Mt. Sinai

23d. LOCATION (City, town, or county) (State) Afton, Missouri

24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson Avenue

25. DATE RECD. BY LOCAL REG. JUL 29 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Louis D. Linden

Licensed Embalmer No. 422

P. O. Address_____

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