ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-038136

RTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 255

STATE FILE NUMBER

FILED OCT 19 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES MO. | Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL | Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY
c. CITY OR TOWN ST. LOUIS | Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3409 MAGNOLIA | Reside on Farm Yes ☐ No ☒

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

4. DATE OF DEATH Month OCT Day 9 Year 1961

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH JAN 30. 1908

9. AGE (last birthday) 53 | 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) RETIRED SEAMSTRESS

10b. KIND OF BUSINESS OR INDUSTRY RICE STIX CO

11. BIRTHPLACE (City and state or country) ILLINOIS

12. CITIZEN OF WHAT COUNTRY U-S-A

13a. FATHER'S NAME FRITZ BALKE

13b. MOTHER'S MAIDEN NAME LYDIA VONDERBRUEGGE

14. NAME OF HUSBAND OR WIFE BEN BRAUCH

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.

17. INFORMANT BEN BRAUCH Address 3409 MAGNOLIA

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Infarct	10 minutes
DUE TO (b)	Malignant degeneration of liver	3 months
DUE TO (c)	Carcinoma of Liver	

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

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

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 Sept 28 1961 to Oct 9 1961 and last saw her/him alive on Oct 9 1961
Death occurred at 12:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul B Vaterrott M12

22b. ADDRESS 10300 St Charles Rd

22c. DATE SIGNED Oct 10, 1961

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

23b. DATE OCT. 11 1961

23c. NAME OF CEMETERY OR CREMATORY MT. LEBANON CEM.

23d. LOCATION (City, town, or county) ST. LOUIS CO. (State) MO.

24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois

25. DATE RECD. BY LOCAL REG. Oct 10-61

26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1961

9-12
2-4 } Tuesday

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 [signature]

Licensed Embalmer No. 4347

P. O. Address 2506 Gravois

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.