96

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34921

1. PLACE OF DEATH

County: St Louis — Registration District No. 788 — File No.

Township: Central — Primary Registration District No. 4471 — Registered No. 95

City: Brentwood (No. 1417 Lay Rd. St. Ward)

2. FULL NAME Grace E Braun

(a) Residence. No. 1417 Lay Road St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Orville Braun

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 7th 1901

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
28	7	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: James Warren
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Lizzie Chris co
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Orville Braun
(Address) 1417 Lay Rd

15. FILED 10-12 1929 Arthur W Westing REGISTRAR per Elsie Hanson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1929 to Oct 10, 1929 that I last saw her alive on Oct 7, 1929, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease of Heart
92A
(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) 90A
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Ambrose Youngman, M. D.
Oct 11, 1929 (Address) 4602 Gravois

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Laurel Hill Cem.	Oct 12 1929

20. UNDERTAKER	ADDRESS
Fred M Williams	4617 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.