

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

Do not use this space.

10689

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis

(No. 4850 Sacramento)

File No.....

Registered No.....

2700

St.....

Ward.....

2. FULL NAME

Margaret Braun

(a) Residence, No. 4850 Sacramento, St., 7 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Henry Braun

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 8th 1844

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

86

2

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

Housework

(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)

Germany

10. NAME OF FATHER

Jacob Wagner

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14. INFORMANT

(Address)

J. N. Braun
4850 Sacramento

15. FILED

17 1930

W. C. Stankov

REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

March 16 1930

17.

I HEREBY CERTIFY, That I attended deceased from

October 10 1928 to March 16 1930

that I last saw him alive on March 16 1930 and that

death occurred, on the date stated above, at 3:20 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

460

131

118 Carcinoma of the stomach

(duration) yrs. 6 mos. ds.

Chronic Gastritis

CONTRIBUTORY (SECONDARY)

Intestinal Malignancy (duration) yrs. mos. ds.

Chronic

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

19. DID OPERATION PRECEDE DEATH? DATE OF

No

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinically

(Signed) E. U. Schuessler, M. D.

March 16 1930 (Address) 4470 Natural Bridge

*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

Calvary

DATE OF BURIAL

March 19 1930

20. UNDERTAKER

Wm F Paschedag

ADDRESS

2825 No Grand St

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.

