

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

Do not use this space.

35500

1. PLACE OF DEATH

County St. Louis  
Township Criss Timbers  
City St. Louis (No.         )

Registration District No. 361  
Primary Registration District No. 5506

File No.           
Registered No. 177  
St.          Ward)         

2. FULL NAME Sarah J. Braun

(a) Residence, No.          St.          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 Widowed  
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 - 1883

7. AGE YEARS 84 MONTHS 5 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         

10. Date deceased last worked at this occupation (month and year) Jan 1 - 1932 11. Total time (years) spent in this occupation full

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Mat Braun 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)         

MOTHER 15. MAIDEN NAME         

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)         

17. INFORMANT (ADDRESS) Mary Crawford Criss Timbers Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmview DATE Nov 8 1932

19. UNDERTAKER (ADDRESS) Wm. Russell Garden Mo

20. FILED Nov 8 1932 B. O. Prescott Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1932, to Nov 6 1932

I last saw him alive on Nov 6 1932 Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

"Flu" Influenza

Date of onset Nov 3

113 / 113 (1)

Other contributory causes of importance:

No History

Name of operation no Date of           
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?          Date of injury         , 19        

Where did injury occur?          (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury           
Nature of injury         

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify         

(Signed) Frank Edwards, M. D.  
(Address) Criss Timbers Mo

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.

NOV 9 3 1932

~~Handwritten signature~~

Handwritten mark resembling a stylized 'V' or '2'