

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

Do not use this space.

OCT 17 1935

31294

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. St. Lukes Hospital)

File No. 8111  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Hubert P. Braunow  
(a) Residence, No. 263 Lemay Ferry St. NR Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>31</u>	<u>9</u>	<u>20</u>		

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Frost (STATE OR COUNTRY) Texas

FATHER  
13. NAME H. W. Braunow

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

MOTHER  
15. MAIDEN NAME Fannie Sheppard

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

17. INFORMANT H. H. Boyd (ADDRESS) 263 Lemay Ferry Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE Sept. 27, 1935

19. UNDERTAKER C. Hoffmeyer & L. Co. (ADDRESS) 7814 So. Broadway

20. FILED SEP 27 1935 J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1935, to Sept 26, 1935.  
I last saw him alive on Sept 26, 1935. Death is said to have occurred on the date stated above, at 8:30 am.

The principal cause of death and related causes of importance were as follows:  
Meningo-vascular Crisis

Date of onset 34  
Other contributory causes of importance:  
Chc. Pulat P. bronchit  
Chc. Asthma  
70 Avenue

Name of operation L. H. Hannon Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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?  
If so, specify .....  
(Signed) J. by Stanford, M. D.  
(Address) 3776 Washington

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.

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RECORD WITH CONTINUING INK—THIS IS A PERMANENT RECORD

