

NOV 9 1935

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

Do not use this space.

34649

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **4361 Chateau**) ..... St. .... Ward)

2. FULL NAME **Frank Braun**

(a) Residence, No. **4361 Chateau** St., **18** 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Altholz Braun</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 15 1855</b>		
7. AGE	YEARS <b>80</b>	MONTHS <b>6</b>
	DAYS <b>15</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Retired</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Farmer</b>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Missouri</b>		
FATHER	13. NAME <b>John Braun</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>unknown Germany</b>	
MOTHER	15. MAIDEN NAME <b>unknown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>unknown unknown</b>	
17. INFORMANT (ADDRESS) <b>Mrs. Altholz Braun 4361 Chateau</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Gerald, Mo.</b> DATE <b>Oct. 31<sup>st</sup> 1935</b>		
19. UNDERTAKER (ADDRESS) <b>C. R. Lupton &amp; Sons 4449 Olive St.</b>		
20. FILED <b>10-30 1935 J. T. Bredeck Registrar.</b>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 30<sup>th</sup> 1935**

22. I HEREBY CERTIFY, That I attended deceased from **July 8, 1935**, to **Oct. 30, 1935**  
(I last saw him alive on **Oct. 10, 1935**) Death is said to have occurred on the date stated above, at **7:45 A.M.**

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

**myocarditis (Chronic). Senility**

Other contributory causes of importance

Name of operation ..... 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) **Mr. Nelson** ..... M. D.  
(Address) **5449 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.

5449 Helmar

Forest 7165