APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12775

Township ..... Primary Registration District No. 1003 Registered No. 2827

City St. Louis (No. 4721 Ashland Court St. ..... Ward)

2. FULL NAME John C. Brauner

(a) Residence, No. 4721 Ashland Court St., 6 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary J. Brauner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 7, 1862

7. AGE: YEARS 74 | MONTHS 2 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Peter Brauner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Katherine Buechler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Miss Ida K. Brauner, 4721 Ashland Court

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cemetery DATE March 16, 1936

19. UNDERTAKER (ADDRESS): Wm. M. Schumacher, 4834 Natural Bridge

20. FILED MAR 14 1936 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1936, to Mch. 13, 1936

I last saw her alive on Mch. 13, 1936 Death is said to have occurred on the date stated above, at 2:30 PM

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

apoplexy — Date of onset: Dont

Other contributory causes of importance:

Arteriosclerosis — Dont k

Name of operation: None Date of .....

What test confirmed diagnosis? ..... 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?

If so, specify

(Signed) Christ A. Poe, M. D.

(Address) 1506 Hodiamont Av

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1506 [illegible]