

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.

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

Do not use this space.

**JUL 14 1936**

**791**

**24383**

**1. PLACE OF DEATH**

County..... Registration District No..... **1003**  
 Township..... Primary Registration District No.....  
 City **St. Louis,** (No. **Lutheran Hospital**) St. .... Ward)

**2. FULL NAME John Braun**

(a) Residence, No. **St. Charles Mo.** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 9, 1888**

7. AGE YEARS **48** MONTHS **3** DAYS **0** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**  
 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)..... 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME **John Braun**

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

MOTHER 15. MAIDEN NAME **Dont Know**

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

17. INFORMANT **Henry Laumeier** (ADDRESS) **1014 Pine Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews Cem** DATE **June 11, 1936**

19. UNDERTAKER **Weick Bros.** (ADDRESS) **2201 So. Grand Blvd**

20. **JUN 10 1936** 19 **J. H. Briedeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 9, 1936**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on **3-24**, 19..... Death is said to have occurred on the date stated above, at ..... m.

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

*Robert Pneumonia B. Lung  
 Hypostatic  
 Ulcer tip of left finger (index)  
 Repair of broken  
 Splint left knee  
 Other contributory causes of importance:  
 (cause unknown)*

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **W. H. James**, M. D.

(Address) **647 1/2 36**

Chrom