DEC 3 1936

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

Do not use this space.

791

43142

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File No. 11720

Registered No.

1. PLACE OF DEATH
County 4484 W Pine
Township St Louis Mo
City (No. 4484, W Pine Blvd St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Fred W Braun
(a) Residence, No. 4484 W Pine Blvd Ward. 19
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Ila Steele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-27-1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
50	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
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) Kentucky

FATHER
13. NAME Fred Braun
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs Ila Braun
(ADDRESS) 4484 W Pine Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 11/28/36

19. UNDERTAKER Sullivan Undertaking Co
(ADDRESS) 2849 N Euclid Ave

20. FILED NOV 27 1936 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27-36 6 45 PM 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Aneurysm	
Internal Hemorrage	
non Traumatic	

Other contributory causes of importance:

Cirrhosis of Liver	
Chronic Nephritis	

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) John J. Sweeney M.D.
(Address) 3 N Euclid Ave

11/28/36

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.