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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3566

Registered No. 599

1. PLACE OF DEATH

County .....

Township .....

City St. Louis, (No. St. Johns Hospital St. ..... Ward)

90
30
9

2. FULL NAME Wlater Braun

(a) Residence, No. Kirkwood R. R. #13 St., nR Ward. / Kirkwood, Mo.,
(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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3-1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
53 ~~47~~	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal & Ice Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 160

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) Nebraska 2

FATHER

13. NAME John Buarn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT Elfreda Braun
(ADDRESS) R R # 13 Kirkwood, Mo.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Des Peres DATE Jan 17 1937

19. UNDERTAKER Louis H Bopp
(ADDRESS) Kirkwood, Mo.,

20. FILED JAN 14 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/7/37, 19..., to 1/13/37, 19..., I last saw h. alive on 1/13/37, 19..... Death is said to have occurred on the date stated above, at P.M. 4 o'clock. The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor. RI-	
Sudo Benign	
54 d	

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? Dec Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Chas Hugh Nelson

(Signed) Henbodi BL M. D.

(Address) St. Louis.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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