

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

370
Do not use this space.

1. PLACE OF DEATH *FEB 12 1938*

(a) County..... Registration District No. *791*
 (b) Township..... Primary Registration District No. *1003*
 (c) City *St. Louis* (d) Street No. *City Hospital* St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *John Henry Braun 650*

(a) Residence, No. *4327 a Oregon* St. *13* (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Emma Braun				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1872				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	7 7	10	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired			
	9. Industry or business in which work was done, as saw mill, bank, etc. mail carrier			
	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) St. Louis Mo.				
FATHER	13. NAME John J. Braun			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
MOTHER	15. MAIDEN NAME Elizabeth Guilbert			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT (ADDRESS) <i>Robert Braun</i> 4327a Oregon				
18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer DATE 1-8-38				
19. FUNERAL DIRECTOR (ADDRESS) <i>Southern Funeral Home</i> 6322 S. Grand Blvd.				
20. FILED <i>TAN 7 1938</i> <i>J. Bredeck</i> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	1-5-38 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, 10.50 P.M.	
The principal cause of death and related causes of importance were as follows: Hemathor. x. due to gun shot wound of left chest self inflicted in his home 4327 Oregon Ave., Jan. 3, 1938, about 7:09 P.M.	
Other contributory causes of importance: <i>107</i>	
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? Suicide Date of injury 1/3/1938	
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place. Home	
Manner of injury	Nature of injury See above
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <i>Joseph M. Green</i> M.D. (Address) <i>Deputy Coroner</i>	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physicians should state EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Frank Ludwig

No. 2504 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)