

Registration District No. 791 Primary Registration District No. 1008

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST JOHN. HOSP. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME RICHARD BRAUER 660
3. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 10 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name WILLIAM BRAUER
13. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)
14. Maiden name LAURA SQUARES
15. Birthplace ST LOUIS MO.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. Brauer
(b) Address 2823 Hurstilla

17. (a) BURIAL (b) Date thereof Oct. 26-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATHEWS SEM.

18. (a) Signature of funeral director J. P. Fiedler
(b) Address 7128 N. Chicago

19. (a) OCT 25 1939 (b) J. F. Fiedler
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 1
(c) City or town ST LOUIS 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2823 Hurstilla
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1939 hour 11 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct 7 1939 to Oct 24 1939 and that death occurred on the date and hour stated above.

Immediate cause of death involuntarily Duration 1 mo

Due to _____

Due to _____

Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy alone

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Fiedler (M. D. or other) 1
Address St. Louis Date signed Oct 27 1939

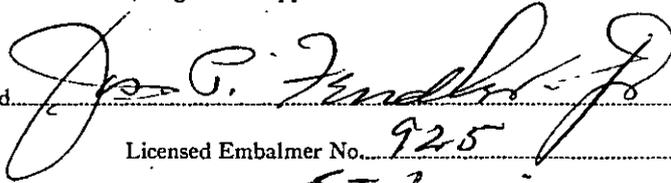
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 4-17-39 I 13151

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed 

Licensed Embalmer No. 925

P. O. Address ST Louis

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

If this body is not embalmed, above space should be left blank.