No. 2
1-10-39
-17-39
X21432

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14851

Registration District No. 306 Primary Registration District No. 5424 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Rural- Boeuf Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Rural- Hermann, Mo. (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 56 years years.

3. (a) PRINT FULL NAME Juliane Braun 650
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 3 (Day) 1857 (Year)

8. AGE: Years	Months	Days	If less than one day
82	10	26	hr. min.

9. Birthplace Baden Germany (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name Johann Wollmann
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Muni
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant George Fischer
(b) Address Hermann, Mo. RFD #1
17. (a) Stonyhill Mo. (Burial, cremation, or removal) (b) Date thereof May 1, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. James Evang. Cemetary 277
18. (a) Signature of funeral director Herman Blaume
(b) Address Berger, Mo.
19. (a) 4-29-40 (Date received local registrar) (b) John Engelbrecht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1940 hour 7:00 minute 15 A.M.
21. I hereby certify that I attended the deceased from Apr 11, 1940 to Apr 19, 1940
that I last saw her alive on Apr 19, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Bronchitis	8 days
Was getting along well for some 9 days, then seemed to get suddenly worse and	
Due to	
Due to died before I saw her again alive	
Other conditions arteriosclerosis. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No Autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John Engelbrecht (M. D. ~~or other~~)
Address Stonyhill Date signed 4-29-40

(Licensed Embalmer's Statement on Reverse Side)

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 Herman Blumer

Licensed Embalmer No. 528

P. O. Address Bergen, Mo.

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.