DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17039

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4517

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: 3231 Minnesota 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16 (If outside city or town limits, write "RURAL")

(d) Street No. 3231 Minnesota (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME STEPHEN P. BRAUCH 620

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Brauch

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 29 (Day) 1877 (Year)

8. AGE: Years 63 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Waterloo, (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Produce Merchant

11. Industry or business

FATHER
12. Name Phillip Brauch 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Jane Otto
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs. Louise Brauch

(b) Address 3231 Minnesota Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 22 (Day) 1940 (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden funeral home

(b) Address 1936 St Louis Ave

19. (a) MAY 22 1940 (Date received local registrar) (b) J. F. Gedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1940 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 14, 1940, to May 20, 1940, that I last saw him alive on May 19th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis with Arterio sclerosis

Due to 93

Due to

Other conditions Hypostatic Pneumonia (Include pregnancy within 3 months of death) Bronchial

Major findings: Of operations

Of autopsy

Duration 7 5 years

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 Henry P. Graul (M. D. or other) MD

Address 2905 Cherokee St Date signed 5/20/40

(Licensed Embalmer's Statement on Reverse Side)

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. 8-17-39 I X19511

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. 3737

P. O. Address 1936 St. Louis A

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.