No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32901

Primary Registration District No. 1003

Registrar's No. 7852

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

000
19
9

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS. MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FIRMAN-DESLOGE HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS 7
(If outside city or town limits, write "RURAL")

(d) Street No. 5824 MAPLE AVE 9
(If rural, give location)

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

3. (a) PRINT FULL NAME CHRISTOPHER BRAUER

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 KATHERINE MACKE BRAUER

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased NOV. (Month) 2. (Day) 1881 (Year)

8. AGE: Years 59. Months 10 Days 22 If less than one day hr. min.

9. Birthplace ILL (City, town, or county) 7 (State or foreign country)

10. Usual occupation PLASTERER.

11. Industry or business RETIRED

FATHER
12. Name CONRAD BRAUER
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name CAROLINE MOLDER
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Katherine Brauer.
(b) Address 5824 MAPLE AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation BELLEVILLE ILL.

18. (a) Signature of funeral director L. M. Mullen
(b) Address 5165 DELMAR BLVD.

19. (a) OCT 1 1941 (Date received local registrar) (b) J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1941 hour 4 minute 58 P.M.

21. I hereby certify that I attended the deceased from Sept 24, 1941, to Sept 29, 1941, that I last saw him alive on Sept 29, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	Sudden
Due to	
Due to 940 940	
Other conditions Prostatic obstruction (Include pregnancy within 3 months of death) No Malignancy	months

Major findings:
Of operations —
Of 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 H. H. Kramolowsky (M. D. or other)
Address 984 Arcade Bldg Date signed Sept 30, 41

(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 S. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.