

FILED APR 8 1947 91

State File No.

2165

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:
City Hospital #1
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community all of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4906 No. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1942 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him im alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Stomach Ulcer, with hemorrhage; Cardiac Hypertrophy; Broncho Pneumonia. Duration _____

Due to _____

Due to _____

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

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? _____

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

23. Signature J. T. Predeck (M. D. or other) _____
Address _____ Date signed 3/9/42

3. (a) PRINT FULL NAME Sabastian A. Braun

3. (b) If veteran, name war none 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 wife Marie P. Galle Braun 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Nov. 4 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 3 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Confedonery

12. Name Adam Braun

13. Birthplace New Orleans La. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Alvers

15. Birthplace St. Charles Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Braun

(b) Address 4906 No. Broadway

17. (a) Burial (b) Date thereof 3/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director _____

(b) Address 2117 E. Grand Blvd.

19. (a) MAD 9 1942 (b) J. T. Predeck
(Date received local registration) (Registrar's signature)

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

MOTHER FATHER

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 Frank A. Moore
Licensed Embalmer No. 3041
P. O. Address 2117 E. Main

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, fact should be so stated above.