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S. No. 2
M—9-4-41
R. 5-17-39
P-I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943 818

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8115

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 2783

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 18

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

(d) Street No. 4345 Manchester Ave.
(If rural, give location)

(e) Citizen of foreign country? – (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Michael Braun

3. (b) If veteran, name war World War# 1

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Louise Braun

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

7. Birth date of deceased July (Month) 11th (Day) 1892 (Year)

8. AGE: Years 50 Months 8 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Weaver

11. Industry or business Ludlow- Saylor Rope Co.

FATHER
12. Name Michael Braun
13. Birthplace ..... (City, town, or county) Germany 9 (State or foreign country)

MOTHER
14. Maiden name Anna Bock
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Herbert Braun
(b) Address 4345 Manchester Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22. year 1943 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from January 22., 1943, to March 22., 1943 that I last saw him alive on March 22., 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	
Due to: —	
Due to: —	
Other conditions (Include pregnancy within 3 months of death): Tuberculosis of intestines; Tuberculosis of larynx	
Major findings: Of operations	
Of autopsy Thrombosis of aorta	

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 Franz U. Steinberg (M. D. or other) M.D.
Address 1515 Lafayette Avenue, Date signed 3/22/43

(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 Edwin A. McGermott

Licensed Embalmer No. 3021

P. O. Address.....

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.