

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11922

FILED MAY 12 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 4096

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:
4714 Page Blvd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 40 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4714 Page Blvd. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country..... Hungary-Romania

3. (a) PRINT FULL NAME BRAUN-KATIE

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, married
6. (b) Name of husband or wife Joseph Braun 6. (c) Age of husband or wife if alive 74 years
Birth date of deceased May 19 1874 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>11</u>hr.....min.

9. Birthplace Friedorf Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Nicholas Mutechinsky Hungary
13. Birthplace Friedorf Hungary
(City, town, or county) (State or foreign country)
14. Maiden name Francesca Lindach
15. Birthplace Friedorf Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Josef Braun
(b) Address 4714 Page

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Salon Co. Cemetery
Black & Ash

18. (a) Signature of funeral director J. F. W. ...
(b) Address 4024 Lindbergh

19. (a) MAY 3 1943 (Date received local registrar)
J. F. W. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 30
year 1943 hour 10 minute a. M.
21. I hereby certify that I attended the deceased from Apr. 1, 1943, to Apr. 30, 1943
that I last saw her alive on Apr. 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis
Due to..... arteriosclerosis

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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)
(c) Means of injury.....
23. Signature H. H. Stelling (M. D. or other) MD
Address 4963 Cornman Date signed 7/30/43

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 William J. Heron
Licensed Embalmer No. 4319
P. O. Address St. Louis, 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, fact should be so stated above.