

18928

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 1181

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7662 St. Charles Rock road.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 7662 St. Charles Rock Road.
(If rural, give location)

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

3. (a) PRINT FULL NAME HENRY G. BRAUN.

3. (b) If veteran, name war None

3. (c) Social Security No. 488-20-5006

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th.
year 1943 hour 8 minute 45 AM.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Irene D. Braun.

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 4, 1893.
(Month) (Day) (Year)

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

Immediate cause of death Electrocution in his home, 7662 St. Charles Rock Road

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

49 10 14 hr. _____ min.

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

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation St ar Route Mail Carrier

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Braun.

13. Birthplace ? Illinois.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lenke.

15. Birthplace ? Illinois.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 096

(b) Date of occurrence May 18, 1943

(c) Where did injury occur? St. Louis County, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? _____
(Specify type of place)

(e) Means of injury 15

16. (a) Informant Mrs. Irene D. Braun.

(b) Address 7662 St. Charles Rock Road.

17. (a) Burial (b) Date thereof 5-21-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. J. Pleitsch Inc.

(b) Address 5966 Easton Ave.

19. (a) 5-19-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. No. _____)

Address Kirkwood, Mo. Date signed 5-19-43

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

76
0
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 28 1948

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 3454

David C. Gibson, Registered Apprentice No. 346,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address. 3966 Easton St. L. I.

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.