

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

39187  
Do not use this space.

**FILED DEC 27 1944**

**1. PLACE OF DEATH**

(a) County \_\_\_\_\_ Registration District No. **818**  
 (b) Township \_\_\_\_\_ Primary Registration District No. **1002**  
 (c) City **St. Louis** (d) Street No. **Deaconess Hospital** Registered No. **10655** St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

**Ann Marie Braun**  
 (a) Residence, No. **5917 Mimika** St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>wh.</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Infant</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 4, 1944</b>		
7. AGE	YEARS	MONTHS
	<b>0</b>	<b>0</b>
		DAYS
		<b>4</b>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <b>St. Louis, Mo.</b> (STATE OR COUNTRY) <b>Deaconess Hospital</b>		
FATHER	13. NAME <b>John Joseph Braun</b>	
	14. BIRTHPLACE (CITY OR TOWN) <b>Albany</b> (STATE OR COUNTRY) <b>N. York</b>	
MOTHER	15. MAIDEN NAME <b>Renee Marie Sarpy</b>	
	16. BIRTHPLACE (CITY OR TOWN) <b>New Orleans,</b> (STATE OR COUNTRY) <b>La.</b>	
17. INFORMANT <b>Mrs. J. J. Braun (Mother)</b> (ADDRESS) <b>5917 Mimika, St. Louis Mo</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Kingston, N.Y.</b> DATE <b>12.14.1944</b>		
19. FUNERAL DIRECTOR <b>Math Hermann &amp; Son</b> (ADDRESS) <b>2161 East Fair Ave</b>		
20. FILED <b>DEC 14 1944</b> <b>J. J. Predeck</b> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-8-1944**

22. I HEREBY CERTIFY, That I attended deceased from **11-4**, 19**44**, to **11-8**, 19**44**

I last saw him alive on **11-7-44 10:30 pm**, 19**44**. Death is said to have occurred on the date stated above, at **6:40 a.m.**

The principal cause of death and related causes of importance were as follows:

**meningitis B. coli**  
**Septicemia congenital**

Other contributory causes of importance: **1/61**

Name of operation **no** Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Lumbar puncture** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) **J. C. Gaudon, D., M. D.**  
 (Address) **337 N. Euclid**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

504-7-20-37 I X 12004

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*William G. Buchholz*

Licensed Embalmer No.

2110

**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.)**