

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 24 1945

Registration District No. 312

Primary Registration District No. 1003

Registrar's No. 1394

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 21 Days
(Specify whether years, months or days)

In this community
years, months or days3. (a) PRINT FULL NAME Minna Gertrude Braun

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 Single

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

7. Birth date of deceased November 2nd 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 3 9 hr. min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business

12. Name George H. Braun13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Emma Thelenius15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Dr. A. G. Schlessstein(b) Address 3153 Longfellow17. (a) Cremation (b) Date thereof Feb 13 1945
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mo. Crematory18. (a) Signature of funeral director Peetz Bros(b) Address 3029 Lafayette Ave19. (a) FEB 12 (b) J. F. Bredeak
(Date received local registrar) (Registrar's signature)

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. 3306 Russell
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th
year 1945 hour 5:25 minute A M.21. I hereby certify that I attended the deceased from Dec 1944 to Feb 11 1945
that I last saw her alive on 2-11-1945
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia Duration

Due to

Due to

Other conditions

Major findings: Case of Cervix
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?

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

While at work?

23. Signature W. H. ... (M. D. or other) 4-2-45Address 220 Univ. Club Date signed 4-2-45

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

Wm. Chas. Blog

MAR 27 1945

JUN 18 1954

1957

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 J. Evans

Licensed Embalmer No. 2241

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.