

State File No.
Registrar's No. ... 802

1003

Registration District No. 318 Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
City Hosp #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community.....
years, months or days

3. (a) PRINT FULL NAME Andras Braun

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Esther

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

7. Birth date of deceased Dec 24 1886
(Month) (Day) (Year)

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

59 0 28 hr. min.

9. Birthplace Hungary (City, town, or county) (State or foreign country) 4

10. Usual occupation Porter Work

11. Industry or business Retired

12. Name Joseph Braun

13. Birthplace Hungary (City, town, or county) (State or foreign country) 4

14. Maiden name Mary Unknown

15. Birthplace Hungary (City, town, or county) (State or foreign country) 4

16. (a) Informant Joseph Braun

(b) Address 6207 West Park Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter Paul

18. (a) Signature of funeral director Kriegshauser

(b) Address 4248 Kingshighway

19. (a) JAN 24 1946 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....

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

(d) Street No. 6207 West Park Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1946 hour 12 minute 3500 M.

21. I hereby certify that I attended the deceased from Jan 21 1946 to Jan 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema

Due to Uremia

Chronic Cor Pulmonale

Other conditions (Include pregnancy within 3 months of death)

Major findings: 132:2

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?.....

23. Signature H. D. Grayson (M.D. or other) 1514 Lafayette Ave Address 1500 Park Date signed Jan 24 1946

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 *Elwin L Mc Pennington*

Licensed Embalmer No. *3024*

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.