

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38416**

FILED DEC 9 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10259**

1. PLACE OF DEATH: **318**

(a) County.....**St. Louis**

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

(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week** (Specify whether years, months or days)

In this community **67 years**

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **1146 Bellerive Blvd.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....**-**

3. (a) PRINT FULL NAME.....**FRED BRAUN**

3. (b) If veteran, name war.....**-**

3. (c) Social Security No.**-**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife.....**Emma nee Koenig**

6. (c) Age of husband or wife if alive.....**67** years

7. Birth date of deceased.....**March 2, 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	8	28	hr. min.

9. Birthplace.....**Nuerrenberg Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Insurance Agent**

11. Industry or business.....**Insurance**

12. Name.....**Fred Braun Sr.**

13. Birthplace.....**Germany**
(City, town, or county) (State or foreign country)

14. Maiden name.....**Mary Langenfelder**

15. Birthplace.....**Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Mrs. Emma K. Braun**

(b) Address.....**1146 Bellerive Blvd.**

17. (a) **Entombment** (b) Date thereof **12-3-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Oak Grove Mausoleum**

18. (a) Signature of funeral director.....**Beiderwieden F.R., Inc.**

(b) Address.....**1836 St. Louis Ave.**

19. (a) **DEC 2 1946** (b) **J. T. Braden**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **30**
year **1946** hour **7** minute **42 A.** M.

21. I hereby certify that I attended the deceased from **Nov 17** 19**46** to **Nov 30** 19**46**
that I last saw him alive on **Nov 29** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death.....**Chronic Myocarditis**

Due to.....

Due to.....**arterio-sclerosis**

Other conditions.....**Hypertension**
(Include pregnancy within 6 months of death)

Major findings:
Of operations.....**9/3**

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) (e) Means of injury.....

23. Signature.....**H. A. Schlemmer** (M. D. or other)
Address.....**6811 St. Louis** Date signed **12/1/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Delbert J. Kruspin*
Licensed Embalmer No. *3497*
P. O. Address *1936 St. Louis*

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.