

S. No. 2
DM-5-43
v. 5-17-39
1 X38671

FILED AUG 21 1947
Registration District No. **318**

Primary Registration District No. _____

1. PLACE OF DEATH:
(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:
2142a Fair Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 34 years (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2142a East Fair Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EARL GEORGE BRAUN
(b) If veteran, name war None
(c) Social Security No. 493-01-6513

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 11th
year 1947 hour 11 minute P M.
21. I hereby certify that I attended the deceased from 5-15-47, 19____, to 8-11-47, 19____;
that I last saw him alive on 8-11-47, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male (M) 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 31, 1913
(Month) (Day) (Year)

Immediate cause of death Multiple sclerosis Duration don't know.
Due to none.
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 34 Months 2 Days 10
If less than one day _____ hr. _____ min.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name Charles Braun
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hyland
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Braun
(b) Address 2142a East Fair Avenue
17. (a) Burial (b) Date thereof 8-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

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?

18. (a) Signature of funeral director _____
(b) Address 2117 East Grand Blvd.
AUG 13 1947
19. (a) _____ (b) J. F. Brennan
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
Address 1506 St. Louis Date signed 8-12-47

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: *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.