No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36597

FILED NOV 14 1947

Registration District No. 1947 7

Primary Registration District No. 6076

Registrar's No. 2277

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Bellefontain Rd. Baden Station
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 20 Yr.

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Baden Station R.3 Box 19
(If outside city or town limits, write "RURAL")

(d) Street No. Bellefontain Rd. St. Louis Co.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: William Braun

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

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 (Month) 2 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
71		1	hr. min.

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

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: William Braun
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Wilhelmia Ballman
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Thekla Trueh
(b) Address: Baden Station R.3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 5 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: New Bethelhem Cem.

18. (a) Signature of funeral director: Frederick T. Hance
(b) Address: 8319 Halls Ferry Rd.

19. (a) 11-6-47 (Date received local registrar) (b) Berit A. Stupmo (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1947 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from May 3, 1947, to Nov 3, 1947, that I last saw him alive on Nov 3, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	"
Due to arterio Sclerosis	
Due to 436	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: W. A. Haight M.D. (M. D. or other)

Address: 8 [illegible] Broadway St Louis Mo. Date signed: 11/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.