

FILED FEB 9 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

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: **4148 Blaine Ave.**  
(If not in hospital or institution, write street number or location)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **0-0-0**

(c) City or town..... **St. Louis** **17**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4148 Blaine Ave.** **9**  
(If rural, give location) **0**

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

3. (a) PRINT FULL NAME **EDWIN J. BRADEN**

3. (b) If veteran, name war **World War 2**

3. (c) Social Security No. **488-10-5710**

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

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

6. (b) Name of husband or wife **Anita**

6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **April 6 1909**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>38</b>	<b>9</b>	<b>16</b>	..... hr. .... min.

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

10. Usual occupation **Presser**

11. Industry or business **Boyd's Inc.**

12. Name **Charles C. Braden**

13. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rosella Clark**

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

16. (a) Informant **Anita Braden**

(b) Address **4148 Blaine Ave.**

17. (a) **Burial** (b) Date thereof **1-26-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **1/26/48** (b) **J. T. Braden**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **22**  
year **1948** hour **11:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Nov. 15**  
....., 19**47**, to **Jan. 13**, 19**48**  
that I last saw him alive on **Jan. 13**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina pectoris  
rheumatic heart disease**

Due to.....

Due to.....

Other conditions **hypertension - arterial**  
(Include pregnancy within 3 months of death) **Unknown**

Major findings:  
Of operations **None**

Of autopsy **None**

Duration **6 mos.**

Physician **Unknown**

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 **S. Schatz** (M. D. or N.D.)  
Address **2813 S. Walnut** Date signed **1/26/48**

746

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 Edwin M. Bennett

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.