. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6099

FILED MAR 4 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1845

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: 4245 Botanical Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4245 Botanical Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 17 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOSEPH L. BRAUN
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Late Louisa
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 7 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	1	14	hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country) 6
10. Usual occupation Merchant Salesman (Retired)
11. Industry or business World Mfg. Co.
FATHER
12. Name John S. Braun
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Christine Heller
15. Birthplace (City, town, or county) Switzerland (State or foreign country) 5
16. (a) Informant Harry J. Braun
(b) Address 4245 Botanical Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) FEB 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1948 hour 5:15 minute P. M.
21. I hereby certify that I attended the deceased from Sept 27 1947 to Feb 21 1948
that I last saw him alive on Feb. 19 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Colon	Indefinite
Due to —	
Due to —	
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) 0
While at work? — (e) Means of injury —
23. Signature C. Wilcox M.D. (M. D. or other) M.D.
Address 3228 Ivanhoe ave Date signed 2-23-48
St Louis Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3778 Evanhoe

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 D McDermott

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.