S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37904

FILED DEC 8 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10384

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Marian Hosp. D (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County 999

(c) City or town Baldwin (If outside city or town limits, write "RURAL") 10

(d) Street No. UR (If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME Josephine Braun

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Anton Braun

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan. 22 1893 (Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Hungary (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Wissinger

FATHER 13. Birthplace Hungary (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Barbara Ludwig

MOTHER 15. Birthplace Hungary (City, town, or county) (State or foreign country)

16. (a) Informant Anton Braun

(b) Address Baldwin Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-48 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Mitt Bros L & U Co.

(b) Address 3929 S. Jefferson Av.

19. (a) NOV 30 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1948 hour 4 minute 45 p. M.

21. I hereby certify that I attended the deceased from Nov 1 1948 to Nov 28 1948 that I last saw he alive on 11-28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus 3 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Ca of uterus

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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 D

23. Signature H. S. Lynn (M. D. or other) MD

Address 2752 Cherokee Date signed 11-29-48

(Licensed Embalmer's Statement on Reverse Side)

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. D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 292 Broad Jefferson

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.