

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5899

State File No. 1408
Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 1408		Registrar's No. 1003					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 207 1/2							
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hosp.				d. STREET ADDRESS (If rural, give location) 5076 Union Blvd.									
3. NAME OF DECEASED (Type or Print) a. (First) Lena Braun			b. (Middle) _____			c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Feb. 10th, 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married		8. DATE OF BIRTH July 30th, 1883		9. AGE (in years last birthday) 67		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Henry Kurth				13b. MOTHER'S MAIDEN NAME Margalene Sheib				14. NAME OF HUSBAND OR WIFE Peter J. Braun					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Peter J. Braun 5076 Union Blvd.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intussusception of small bowel ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH Feb. 29, 51			
19a. DATE OF OPERATION 2-3-51		19b. MAJOR FINDINGS OF OPERATION Intussusception of small bowel, peritonitis								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 570.0									
22. I hereby certify that I attended the deceased from 1945 , 19____, to 2-10-51 , 19____, that I last saw the deceased alive on 2-9-51 , 19____, and that death occurred at 2 A. m. , from the causes and on the date stated above.													
23a. SIGNATURE [Signature] (Degree or title) _____				23b. ADDRESS HARRY A. KLEIN, M.D. 5074 N. Union Blvd. St. Louis 15, Mo.				23c. DATE SIGNED 2-12-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/13/51		24c. NAME OF CEMETERY OR CREMATORY Calvary				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. FEB 12 1951		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kraeger-Voss, Inc. 3402 N. Kingshighway							

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. Wm B. Embrey

Licensed Embalmer No.

3653

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.