

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18813
2146

No. 300
10-48

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No.

| | | | |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS COUNTY</u> | c. LENGTH OF STAY (In this place) <u>12 hrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>LEMAY</u> | <u>4870</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COUNTY HOSP.</u> | | d. STREET ADDRESS (If rural, give location) <u>907 DAMMERT</u> | |

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------|---------------------------------------------|-------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>Braun</u> c. (Last) <u>Braun</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 10 51</u> | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WID.</u> | 8. DATE OF BIRTH <u>Nov. 16-1875</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Month Day <u>5 33</u> | IF UNDER 14 HRS. Hours Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | 11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |

| | | |
|------------------------------------------|-------------------------------------------------|------------------------------------------------|
| 13a. FATHER'S NAME <u>ANION BRAUN</u> | 13b. MOTHER'S MAIDEN NAME <u>Sophia BECK</u> | 14. NAME OF HUSBAND OR WIFE <u>DECEASED</u> |
|------------------------------------------|-------------------------------------------------|------------------------------------------------|

| | | | |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or none) (If yes, give war or dates of service) <u>NONE</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>CARNET. MERZ</u> | ADDRESS <u>661 BELLWORTH</u> |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|---------------------------------|

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Pulmonary Emboli</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Atherosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>u43x</u> | 20. AUTOPSY? YES <input checked="" 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) (Min.) | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|

22. I hereby certify that I attended the deceased from 5-10, 1951, to 5-10, 1951, that I last saw the deceased alive on 5-10, 1951, and that death occurred at 11:10 pm., from the causes and on the date stated above.

| | | |
|------------------------------------------------------------|-------------------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>James W. Hurley</u> | 23b. ADDRESS <u>601 S. Brentwood Clayton</u> | 23c. DATE SIGNED <u>5-11-51</u> |
|------------------------------------------------------------|-------------------------------------------------|------------------------------------|

| | | | |
|-------------------------------------------|---------------------------------|------------------------------------------------------------|----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>May-14-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> |
|-------------------------------------------|---------------------------------|------------------------------------------------------------|----------------------------------------------------------------------|

| | | | |
|--------------------------------------------|---------------------------------------------------|-------------------------------------------------------|---------------------------------------|
| DATE REC'D BY LOCAL REG. <u>5-13-51</u> | REGISTRAR'S SIGNATURE <u>Harold R. Lombard</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambermills</u> | ADDRESS <u>3819 S. Grand Blvd.</u> |
|--------------------------------------------|---------------------------------------------------|-------------------------------------------------------|---------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

Geo J. Winkermann

Licensed Embalmer No. *4611*

P. O. Address *A. Lewis*

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.