S. No. 300
v. 10.48

FILED JUL 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24877

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5544 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MERAMEC
c. LENGTH OF STAY (in this place): 15 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HILL INFIRMARY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2079
d. STREET ADDRESS (If rural, give location): 4548 No. KINGSHIGHWAY 1

3. NAME OF DECEASED (Type or Print): a. (First) DR. b. (Middle) HARRY c. (Last) I. BRAUN

4. DATE OF DEATH (Month) JULY (Day) 1 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: APRIL 29 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: DENTIST
11. BIRTHPLACE (State or foreign country): ST. LOUIS - MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: HENRY BRAUN
13b. MOTHER'S MAIDEN NAME: MARGARET WAGNER
14. NAME OF HUSBAND OR WIFE: FRANCES KENNEDY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S SIGNATURE OR NAME: Bro. Rock - St. Joseph's Hill Inf. — ADDRESS: Eureka, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) THROMBOSIS C HEMIPLEGIA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CEREBRAL VASCULAR DISEASE
DUE TO (c) DIABETES MELLITUS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 260X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/1, 1951, *to* 6/30, 1952, *that I last saw the deceased alive on* 6/30, 1952 *and that death occurred at* 1:00 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Marder MD
23b. ADDRESS: 4323 ROLAND DRIVE NORMANDY MO.
23c. DATE SIGNED: 7/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-3-1952
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county): ST LOUIS (State) MO.

DATE REC'D BY LOCAL REG.: 7/12/52
REGISTRAR'S SIGNATURE: Ruth Jinsa 438
25. FUNERAL DIRECTOR'S SIGNATURE: CULLIMANE BROS 3320 N Kingshighway
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 1952

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JUL 14 1952

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.