

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25603

FILED JUL 24 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5870**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 11		c. CITY (If outside corporate limits, write RURAL and give township) Affton 4820	
c. LENGTH OF STAY (In this place) 38 years		d. STREET ADDRESS (If rural, give location) 9136 Vasel Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) L.	
		c. (Last) BRAUN	
4. DATE OF DEATH June 21, 1952		5. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M <input type="checkbox"/> I <input type="checkbox"/>	
8. DATE OF BIRTH Dec. 7, 1913		9. AGE (In years last birthday) 38 IF UNDER 1 YEAR: Months 6 Days 14 IF UNDER 2 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Match Mfg.	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME George J. Braun		13b. MOTHER'S MAIDEN NAME Emma Vogel	
14. NAME OF HUSBAND OR WIFE Edna			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 	
17. INFORMANT'S SIGNATURE OR NAME Edna Braun		ADDRESS 9136 Vasel Dr. Affton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Malignant Thymoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 1 yr	
19a. DATE OF OPERATION 6-17-52		19b. MAJOR FINDINGS OF OPERATION Thymoma, Malignant, Bronchiogenic Ca	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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? 162X			
22. I hereby certify that I attended the deceased from 5:27 , 1952, to 6:21 , 1952, that I last saw the deceased alive on 6:21 , 1952, and that death occurred at 5:10 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. H. Fosman		23b. ADDRESS MDD 9505 Lewis	
23c. DATE SIGNED 6-23-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) 4		24b. DATE 6-24-52	
24c. NAME OF CEMETERY OR CREMATORY Our Redeemer		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 24 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. 1936 St. Louis Avenue	

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

Dr. W.W. Forsman, MD.
9505 Gravois Avenue

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Eaton R. Remelars

Licensed Embalmer No. 4283

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.