

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13145

FILED APR 28 1955

3228

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

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>3 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri.</u>		d. STREET ADDRESS (If rural, give location) <u>5100 Arsenal St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>			d. STREET ADDRESS <u>5100 Arsenal St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>J.</u> c. (Last) <u>Braun</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>7/31/1923</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Days <u>8</u> IF UNDER 11 HRS. Hours <u>07</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Industrial Aid For The Blind</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Braun</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Schrank</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Engeln, 4503 Adelaide Avenue,</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<p style="text-align: center;">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio Vascular disease with mitral stenosis and Cardiac decompensation with ascites and multiple thrombi.</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac decompensation with ascites and multiple thrombi.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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)		21f. HOW DID INJURY OCCUR? <u>443x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <u>Oct., 1951</u> , to <u>April 10, 1955</u> , that I last saw the deceased alive on <u>April 9, 1955</u> , and that death occurred at <u>8:15A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Charles H. ... M.D.</u>		23b. ADDRESS <u>5100 Arsenal St.</u>		23c. DATE SIGNED <u>4/10/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-13-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>APR 11 1955</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math. Hermann & Son, Inc. 2161 E. Fair Ave</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Welford G. Beerley

Licensed Embalmer No. *4260*

P. O. Address

Albany, 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.