

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002763

State File No. _____

2 964

FILED FEB 16 1959

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				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</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>UNIVERSITY CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOHN'S HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>7024 JULIAN</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>BRAUN</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 26 1959</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>JAN 26 1959</u>		
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months _____ Days <u>30</u>		IF UNDER 24 HRS. Hours _____ Min. <u>30</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</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>USA</u>	
13a. FATHER'S NAME <u>JOHN C BRAUN</u>			13b. MOTHER'S MAIDEN NAME <u>PATRICIA ANN SULLIVAN</u>			14. NAME OF HUSBAND OR WIFE _____		
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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN C BRAUN</u> ADDRESS <u>7024 JULIAN</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia due to</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>				
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hemorrhage from umbilical Cord.</u>				DUE TO (b) _____				
DUE TO (c) <u>Varicosities of umbilical Cord. Congenital</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 _____		7730		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>1/26</u> 19 <u>59</u> , to <u>1/26</u> 19 <u>59</u> , that I last saw the deceased alive on <u>1/26</u> 19 <u>59</u> , and that death occurred at <u>11 1/2</u> p. m., from the causes and on the date stated above.								
23a. SIGNATURE <u>John J. Kennedy, M.D.</u>				23b. ADDRESS <u>5 Hampton Village Plaza</u>		23c. DATE SIGNED <u>1/27/59</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN 28 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		
DATE REC'D BY LOCAL REG. <u>JAN 28 59</u>		REGISTRAR'S SIGNATURE <u>Neal Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Nutis</u>		ADDRESS <u>2906 Gravois</u>		

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 _____
Signature of Student Embalmer

Signed *James E. Hill*
Licensed Embalmer No. _____
P. O. Address _____

Not Embalmed

Licensed Embalmer No. *434*
P. O. Address *2906 Dev*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.