

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012487

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District **1003** Registrar's No. **2815** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 30 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MO. Length of stay in lb 32 hrs. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1409 Louisville St.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILL. b. COUNTY ST. CLAIR c. CITY OR TOWN LEBANON ILL. d. STREET ADDRESS (If outside, give location) 110A /St. Louis Rd.	
3. NAME OF DECEASED (Type or print) First LOUIS Middle EDWARD Last BRAUN		4. DATE OF DEATH Month March Day 11 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/23/1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (City and state or country) Lebanon, Ill.
13a. FATHER'S NAME August P. Braun		13b. MOTHER'S MAIDEN NAME Eva Shepard	14. NAME OF HUSBAND OR WIFE Jimmie B Braun
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Jimmie Braun Lebanon, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary Vascular Occlusion DUE TO (c) Arteriosclerotic Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coronary - 3-13-62			INTERVAL BETWEEN ONSET AND DEATH 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous Myocardial Infarction February 1959			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from October 6, 1958 to 12 March 1962 and last saw him alive on 9 March 1962 Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Delbert Z Harris, M.D.		22b. ADDRESS 115W. Randle St - Lebanon, Ill.	22c. DATE SIGNED 12 March 1962
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/13/62	23c. NAME OF CEMETERY OR CREMATORY College Hill	23d. LOCATION (City, town, or county) (State) Lebanon, Ill.
24. FUNERAL DIRECTOR ADDRESS Meyer Funeral Home Lebanon, Ill.		25. DATE RECD. BY LOCAL REG. MAR 13 1962	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

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 Frank Prouff

Licensed Embalmer No. 4356

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.