

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

2632

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 103

Registered No. 44

City.....

(No. Evansville to Hosp #1 St. Evansville Ward)

**2. FULL NAME**

Seocadia (Braun) Braun Evansville Ill

(a) Residence. No. Evansville St. No. 23 Ward. Evansville Ill  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
abt 25

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Shoe Factory  
(b) General nature of industry, business, or establishment in which employed (or employer) Pop-stitcher  
International Shoe Co.  
(c) Name of employer Mr. Seeley

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Randolph

10. NAME OF FATHER Henry Braun

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Evansville Randolph

12. MAIDEN NAME OF MOTHER Emma Braun

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Paris Randolph Mo.

14. INFORMANT (Address) Henry Braun Evansville Ill

15. FILED JAN - 2 1930 REGISTRAR W. C. Storker

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1 1930

17. No Physician attended  
I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19....., and that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Shock & lacerations  
7:10 AM  
2. Auto's Colliding  
St. Louis Mo. (duration) yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) Criminal Carelessness (duration) yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED  
1880  
NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS  
WAS THERE AN AUTOPSY? yes

(Signed) J. W. Kerner, M.D.  
(Address) Dep. Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Prima, Ill. 1-4 1930

20. UNDERTAKER ADDRESS  
W. C. Storker Evansville Ill

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

