

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

Do not use this space.

18031

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 790
 Township Central Primary Registration District No. 60330
 City Clayton (No. St. Louis County Hospital) St. _____ Ward _____

File No. _____
 Registered No. 160

2. FULL NAME

Orville Braun
 (a) Residence, No. 3417 Lay Rd. St. _____ Ward _____
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 - 1885

7. AGE YEARS 40 MONTHS 3 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME L. Braun

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mathilda Schwartz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Ill.

17. INFORMANT May Randolph
 (ADDRESS) 7711 Michigan Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill DATE 5/28 1934

19. UNDERTAKER (ADDRESS) J. P. Penick
7128 Michigan Av.

20. FILED May 26 1934 Robert Ambrose
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1934, to 5-25 1934

I last saw him alive on 5-25 1934 Death is said to have occurred on the date stated above, at 7:00 p. m.

The principal cause of death and related causes of importance were as follows:
Neurovascular intercranial
& Hemiplegia left
8:00
8:00

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) W. G. Dubouché M. D.
 (Address) St. Louis Co. Hospital
Clayton Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 26 1934

