REC'D AUG 12 1938

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

23515

Do not use this space.

Registration District No. 791

Primary Registration District No. 1003

Registered No. 6209

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis, Mo. (d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Theresa Braun

(a) Residence, No. 2743 Pestalozzi St. St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Frank Brann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 16, 1867

7. AGE: Years 70 | Months 5 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework

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

10. Date deceased last worked at this occupation (month and year): 7-1927

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

FATHER

13. NAME: John Brannes

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

MOTHER

15. MAIDEN NAME: Rose Horack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT: R.J. Mueller, M.D.
(ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
New S. S. Peter & Paul DATE July 13, 1938

19. FUNERAL DIRECTOR (NAME) Wm. J. Robert
(ADDRESS) 1905 S. Grand Blvd.

20. FILED JUL 12 1938 J.D. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19..., to July 10, 1938, 19...
I last saw him alive on July 10/38, 19... Death is said to have occurred on the date stated above, at 11.33 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	7-1-38x
Esophageal Varices	7-1-38x

Other contributory causes of importance:
Arteriosclerosis Generalized 7-1-38x

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy Yes

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?
If so, specify

(Signed) R. J. Mueller, M. D.
(Address) 5400 Arsenal St

Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ...

Wm J. Robert, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Wm J. Robert

Licensed Embalmer No. 502

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.