

1939 APR 12 1939

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

9110  
Do not use this space.

1. PLACE OF DEATH *2*  
(a) County *St. Louis* Registration District No. *791*  
(b) Township *1* Primary Registration District No. *1003*  
(c) City *St. Louis* (d) Street No. *1407 Franklin* 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *650 Eugene Braun*  
(a) Residence, No. *1407 - Franklin* St. *25* (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Husband of Amanda*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *February 24, 1868*

|              |          |           |                                  |
|--------------|----------|-----------|----------------------------------|
| 7. AGE YEARS | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
| <i>70</i>    | <i>0</i> | <i>27</i> |                                  |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Hotel Owner*

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

10. Date deceased last worked at this occupation (month and year) *3/4* 11. Total time (years) spent in this occupation *34*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

FATHER

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Gertrude Whitehouse*  
(ADDRESS) *1407 A Franklin Ave;*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New St. Marcus* DATE *March 27, 1939*

19. FUNERAL DIRECTOR (NAME) *A. W. McLaughlin*  
(ADDRESS) *2301 Lafayette*

20. FILED *J. D. Beedee*  
*Local Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 21, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 11, 1938* to *March 20, 1939*  
I last saw him alive on *March 20, 1939*. Death is said to have occurred on the date stated above, at *5:15 P. m.*  
The principal cause of death and related causes of importance were as follows:  
*Cardiac Enlargement - aortitis, specific (Wied)*  
Date of onset *1938*

Other contributory causes of importance:  
*Hypertension* *1938*

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

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) *H. Y. Moore* M. D.  
(Address) *1004 50-18th*

MAR 27 1939

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.

**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.....

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

Signed *L. D. Casper*.....

Licensed Embalmer No. *3633*.....

P. O. Address *2312 Lafayette*.....

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