

7 1939

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26792

Registration District No. 784

Primary Registration District No. 113

Registrar's No. 1209

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Florissant Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
R Route #1 Box 130 Florissant Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Carrie Braun

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Braun Deceased

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 29 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	9	7	hr. min.

9. Birthplace St. Louis County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Bernard Schlueter

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Kate Robbins

(b) Address R Route #1 Box 130 Florissant Mo

17. (a) Burial (b) Date thereof 7/10/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL - 7 1939 (b) D.R. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Florissant, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. R Route #1 Box 130 Florissant  
(If rural, give location) Mo.

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year 1939 hour 10:05 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 6/1/39  
\_\_\_\_\_, 19\_\_\_\_, to 7/6/39, 19\_\_\_\_;  
that I last saw her alive on 7/6/39, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chor. myocardiitis

Due to Senility

Due to \_\_\_\_\_

Other conditions 95  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: inow

Of operations \_\_\_\_\_

Of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 6815 W. Florissant Date signed 7/7/39

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**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 William G. Buchholz

Licensed Embalmer No. 2110 3

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