

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35006**

NOV 15 1940

Primary Registration District No. **51760**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County Cape Girardeau County  
 (b) City or town "Rural," Apple Creek tp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community "Life" (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY MADGALEN BRAUN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife John Braun 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct. 8 1863  
 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Perry County Mo. 0  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife 10

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

MOTHER FATHER { 12. Name Fredrick Weisbrod

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

14. Maiden name Hersa Difano

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

16. (a) Informant's own signature Lillie A. Jimenez

(b) Address Bielle Mo.

17. (a) Burial (b) Date thereof March 9 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bielle Catholic Cemetery

18. (a) Signature of funeral director Bey Funeral Home

(b) Address Perryville Mo.

19. (a) 3/8/40 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry  
 (c) City or town Bielle Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R. J. D. #1.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th  
 year 1940 hour 6:30 AM minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 1 1940 to March 7 1940  
 that I last saw ER alive on March 6 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration  sudden

Due to Coronary sclerosis Type  Type

Due to Chrom. hypertension Type  Type

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(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  Oscar Alarcon (M. D. number) \_\_\_\_\_

Address Perryville, Mo. Date signed 3-8-40

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.

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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 \_\_\_\_\_

Le Roy J. Schindler, Registered Apprentice No. 231,  
working under my personal supervision.

Signed Albert H. Bey  
Licensed Embalmer No. 3866  
P. O. Address Perryville, 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.**