

APR 3 1941  
Registration District No. 198

Primary Registration District No. 3011

State File No. \_\_\_\_\_  
Registrar's No. 36

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Electric Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Snapps Hotel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
In this community 3 day (Specify whether years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Wapello  
(c) City or town Ottumwa  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME LOUIS DANIEL BRAUN

3. (b) If veteran, name war NO 3. (c) Social Security No. 220

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Paula Brauer 6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased Nov 16 1888  
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wahpeton, N Dakota  
(City, town, or county) (State or foreign country)

10. Usual occupation Owner Theatre

11. Industry or business

12. Name Stepin Brauer  
13. Birthplace Rural Wisconsin  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah M. Cannon  
15. Birthplace Rural Wisconsin  
(City, town, or county) (State or foreign country)

16. (a) Informant C. B. Brauer  
(b) Address Ottumwa, Iowa  
17. (a) Removal (b) Date thereof 3-5-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Union Church

18. (a) Signature of funeral director W. C. Robichaux  
(b) Address Electric Springs, Mo  
19. (a) Mar 5-1941 (b) male (c) M. C. Crocker  
(Date received local registrar) (Sex) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5<sup>th</sup>  
year 1941 hour 1 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 3<sup>rd</sup> 1941, to March 5, 1941

that I last saw him alive on March 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

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

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

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

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 W. C. Robichaux (M. D. or other) \_\_\_\_\_  
Address Electric Springs, Mo Date signed 3-5-41

Physician  
Underline the cause to which death should be charged statistically.  
Alcoholism

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-2-11

**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 *Scott W. Ackerman*

Licensed Embalmer No. *3597*

P. O. Address *Golden Springs*

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

**If this body is not embalmed, fact should be so stated above.**