

S. No. 2  
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5-17-39  
-1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20029**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4841**

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17  
9

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 days  
(Specify whether)  
 In this community 83 years  
years, months or days

**3. (a) PRINT FULL NAME** Miss Philippena Braun

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

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married,** divorced Single

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

**7. Birth date of deceased** November 15, 1857  
(Month) (Day) (Year)

<b>8. AGE:</b>	<b>Years</b>	<b>Months</b>	<b>Days</b>	<b>If less than one day</b>
	<u>83</u>	<u>6</u>	<u>24</u>	_____ hr. _____ min.

**9. Birthplace** St. Louis Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Household

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

**12. Name** Henry Braun

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

**14. Maiden name** Elizabeth Gilbert

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

**16. (a) Informant** Edward Braun

**(b) Address** 3840a Wyoming Street

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** June 11, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Valhalla Cemetery

**18. (a) Signature of funeral director** Beiderwieden F. H. Inc.

**(b) Address** 1936 St. Louis Avenue

**19. (a) JUN 11 1941** **(b) J. B. Bruck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits write "RURAL")

(d) Street No. 3840a Wyoming  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 8th  
 year 1941 hour 3 minute 15 A. M.

**21. I hereby certify that I attended the deceased from** 5-30-40  
 \_\_\_\_\_, 19\_\_\_\_, to June 8, 1941;  
 that I last saw her alive on June 8, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema  
due to Myocardial  
arterial sclerosis with  
Hypertension

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

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

**Other conditions** no  
(Include pregnancy within 3 months of death)

**Major findings:**

**Of operations** no

**Of autopsy** no

**Duration** \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

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) \_\_\_\_\_

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

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

**While at work?** \_\_\_\_\_ **(c) Means of injury** \_\_\_\_\_

**23. Signature** Edward Braun **(M. D. or other)** no

**Address** 508 N. Grand Blvd **Date signed** \_\_\_\_\_

Dr. H. J. Thynn  
Metro. Bldg.  
W. 0072  
6 Ridge Top Dr

2-4  
7-8

1 mi W of N.S.  
S of center

OCT 8 1946

**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 Thos. A. Baidwin

Licensed Embalmer No. 506

P. O. Address 1936 St Louis Ave

**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.