No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28795

Registration District No. 516 — Primary Registration District No. 5682 — Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Wheeling wheeling twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 38 years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 059
(c) City or town Wheeling wheeling twp
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Balthasar Braun

3. (b) If veteran, name war X — 3. (c) Social Security No. X

4. Sex male 0 — 5. Color or race white — 6. (a) Single, widowed, married, divorced married 1

6. (b) Name of ~~husband~~ or wife Lummie Braun — 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug (Month) 4 (Day) 1874 (Year)

8. AGE: Years 66 — Months 11 — Days 27 — If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Adam Braun
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Anna D. Zirkel
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant H. R. Braun
(b) Address Wheeling Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 3 (Day) '41 (Year)
(c) Place: burial or cremation Wheeling cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) Aug 1st 1941 (Date received local registrar) (b) Mrs. L. Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1940, to Aug 1, 1941; that I last saw him alive on June 20, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina pectoris	2 year
Due to 94B	
Due to	
Other conditions Artero-sclerosis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

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

23. Signature R. A. Brennan (M. D. or ~~other~~) 0
Address Millicoche, Mo. Date signed 8/1/41

460 (Licensed Embalmer's Statement on Reverse Side)

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 Frank L. Smiley, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling W.

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

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