No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8319

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 3002

1. PLACE OF DEATH:

(a) County .....

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4131 Tholozan Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 16 000 17 9

(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 4131 Tholozan Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William H. Braun

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Pauline Brown

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May (Month) 9th, (Day) 1877. (Year)

8. AGE: Years 64 Months 10 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation Postal Clerk

11. Industry or business .....

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

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

16. (a) Informant Pauline Braun
(b) Address 4131 Tholozan Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof April 4, 1942. (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory.

18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave.

19. (a) APR 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st, year 1942. hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 5 1938, 1938, to April 1, 1942 that I last saw him alive on March 31, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arterio Sclerosis

Due to Chronic Interstitial Nephritis

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

Major findings:
Of operations .....
Of autopsy .....

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 .....
(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 W. C. Holdenried (M. D. ~~or other~~)
Address 4536 a Virginia Date signed 4/1/42

(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.....,

....., Registered Apprentice No.....

working under my personal supervision.

Signed V E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Gravois

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

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