S. No. 2
M—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12442

Registration District No. 91

Primary Registration District No. 1003

Registrar's No. 3861

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
561 A Eiler St. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 000

(c) City or town St. Louis Mo. 15 17
(If outside city or town limits, write "RURAL")

(d) Street 561 A EILER ST. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CLARA M 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 / Married

6. (b) Name of husband or wife JOHN BRAUN

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec 30th (Month) 1911 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	3	28	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name Frank Fiala
13. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA SOULARD
15. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN BRAUN
(b) Address 561 A EILER ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1st, 42 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET Burial Park

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave.

19. (a) APR 30 1942 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

840

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1942 hour 10 minute 4 P M.

21. I hereby certify that I attended the deceased from 9. 7. 1941 to 4. 28. 1942
that I last saw her alive on 4. 28. 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	1 wk
Due to: Mediastinal carcinomatosis	2 nos
Due to: Carcinoma rt breast	1 year
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
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 0

23. Signature Eugene A Vogel (M. D. or other) MD
Address 3325 S Grand Date signed 4-29-42

(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 David Van Fossan, Registered Apprentice No. ....., working under my personal supervision.

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Garrison

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, fact should be so stated above.