

FILED DEC 11 1942
518

Registration District No. **518**

Primary Registration District No. **1003**

Registrar's No. **10109**

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 3 Days
(Specify whether
In this community 57 years
years, months or days)

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") 12
(d) Street No. 6341 Bancroft Avenue
(If rural, give location) 914
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Mr. George J. Braun

3. (b) If veteran, name war.....
3. (c) Social Security No. 490-05-2505

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Emma Vogel Braun
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased February 24, 1885
(Month) (Day) (Year)

8. AGE: 57 Years 9 Months 8 Days
If less than one day
hr. min.

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

10. Usual occupation Accountant

11. Industry or business Printing Company

MOTHER FATHER

12. Name Lawrence Braun
13. Birthplace Bavaria Germany
(City, town, or county) (State or foreign country)
14. Maiden name Apalonia Messerschmitt
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Braun

(b) Address 6341 Bancroft

17. (a) Burial (b) Date thereof Dec. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cemetery

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

(b) Address 1936 St. Louis Avenue

19. (a) DEC 4 1942 J. F. Bredsch
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1942 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from November 29, 1942, to Dec. 2, 1942
that I last saw him alive on Dec. 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Toxemia from Intestinal Obstruction
Duration 5 days

Due to.....
Carcinoma of Colon (Splenic flexure)

Due to.....
H/O

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations Annular Carcinoma at the Splenic flexure of Colon = Obstruction.
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)..... X X X X X
(b) Date of occurrence..... X X X X X X X
(c) Where did injury occur? X X X X X X X
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
X X X X X X X

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

23. Signature Dr. G. Noeffler (M. D. or other) M.D.
Address 3805 So. Broadway Date signed 7/14/42

1936 0314

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 John J. Krispin

Licensed Embalmer No. 3497

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, fact should be so stated above.