27469

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19506

FILED JUN 19 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5128

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4714 Page Blvd. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Joseph Braun

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Katie Braun

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

7. Birth date of deceased 3 (Month) 11 (Day) 1869 (Year)

8. AGE: Years 75 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Freidorf (City, town, or county) Hungary (State or foreign country)

10. Usual occupation Upholster

11. Industry or business

FATHER 12. Name Unavailable

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

MOTHER 14. Maiden name Unavailable

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

16. (a) Informant John Anton Braun

(b) Address Columbia, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 - 5 - 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Evangelical Cem' Black Jack Mo.

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd.

19. (a) JUN 5 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1944 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from May 29th, 1944, to June 2nd, 1944 that I last saw him alive on June 2nd, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bile ducts

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy same.

Duration

46 f

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 [signature] (Dr. or Mother)

Address 1515 Lafayette Date signed 6/2/44

(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 John Dean Harris, Registered Apprentice No. 363 working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address

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.