

No. 2
4-5-43
5-17-39
I X36671

19167
FILED FEB 7 1946
318

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 1013

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial
(d) Length of stay: In hospital or institution 17 days
In this community 17 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town No Home
(d) Street No. No Home
(e) Citizen of foreign country? Unknown
If yes, name country

3. (a) PRINT FULL NAME GEORGE BRAUN

(b) If veteran, name war --- (c) Social Security No. ---

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased October 26th, ?
(Month) (Day) (Year)

8. AGE: Years 69? Months 9 Days 9 If less than one day 9 hr. 9 min.

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

10. Usual occupation Unknown

11. Industry or business

12. Name Adolph

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

14. Maiden name German

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

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. (a) Anatomical Board (b) Date of removal 1/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director W. Richter

(b) Address 2500 Rutledge

19. (a) JAN 30 1946 (b) J. F. Brudlek
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th
year 1946 hour 3:30 minute P M.
21. I hereby certify that I attended the deceased from 12/18/45
to 1/4/46, 1946, to 1/4/46, 1946;

that I last saw him alive on 1/4/46, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to

Due to

Other conditions 93
(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?

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

23. Signature Herbert C. Fritz (Date) 1/4/46 or other)

Address 1515 Lafayette Date signed

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

2322

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.....

Licensed Embalmer No.....

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.