S. No. 2
M—5-43
. 5-17-39
> I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1946

State File No. 25074

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6102

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:
Deaconess Hospital
(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 Missouri (b) County 000

(c) City or town St. Louis 1617
(If outside city or town limits, write "RURAL")

(d) Street No. 3840 Wyoming St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Edward Braun

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 21 (Day) 1877 (Year)

8. AGE: Years 68 Months 6 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Letter Carrier

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

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

16. (a) Informant Mrs. Henry J. Kruse,
(b) Address 3840 Wyoming St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7- 11- 46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) JUL 11 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1946 hour 9 minute 10 P M.

21. I hereby certify that I attended the deceased from July 2, 1946 to , 19 ;
that I last saw him alive on July 9, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Scurvy
Pernicious Anemia

Due to

Due to

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (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? no (e) Means of injury no

23. Signature Henry P. Wyman (M. D. or other) MD

Address 508 N. Grand Blvd. Date signed 7/11/46

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1946

AUG 1 1945

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.