

No. 2  
-12-45  
5-17-39  
I X47070

**FILED NOV 7 1945**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **00017**

**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:  
Enrout City Hospital # 1 **3**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community 41 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County.....  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4014a N 20 St.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** John Braloski Sr.  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day 20  
 year 1946 hour 10 minute 30a M.  
 21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
 that I last saw h..... alive on....., 19.....,  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Julianna Braloski,  
 6. (c) Age of husband or wife if alive 53 years  
 7. Birth date of deceased 12 20 1886  
(Month) (Day) (Year)

Immediate cause of death.....  
Mitral Regurgitation  
Cardiac Hypertrophy  
 Due to.....  
 Due to.....

**8. AGE:**

Years	Months	Days	If less than one day
<u>59</u>	<u>10</u>	<u>0</u>	hr. min.

Other conditions.....  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

9. Birthplace unknown Austria  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Press Operator  
 11. Industry or business.....

**MOTHER FATHER**

12. Name Unknown  
 13. Birthplace Unknown Austria  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown Austria  
(City, town, or county) (State or foreign country)

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?

16. (a) Informant John Braloski  
 (b) Address 4014a N 20 St  
 17. (a) Burial (b) Date thereof 10-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cemetery

While at work?..... (Specify type of place)  
 (c) Means of injury 3  
 23. Signature J. F. Brodeck (M. D. or other).....  
 Address..... Date signed 10/22/46

18. (a) Signature of funeral director Goodhart & Goodhart  
 (b) Address 2228 St. Louis Ave  
 19. (a) OCT 23 1946  
(Date received local registrar) (Registrar's signature)

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

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**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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.**