S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12685

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 132

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Mo. Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days Hospital (Specify whether
In this community 5 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry 79
(c) City or town: Perryville Mo. /
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph Braun
3. (b) If veteran, name war: —
3. (c) Social Security No. None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Emma Braun
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: July (Month) 2 (Day) 1874 (Year)
8. AGE: Years 72 Months 9 Days 17 If less than one day hr. min.
9. Birthplace: Cape Girardeau Co. (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: —
MOTHER FATHER
12. Name: John Braun
13. Birthplace: Cape Girardeau Co. (City, town, or county) Mo. O (State or foreign country)
14. Maiden name: Theresa Renner
15. Birthplace: Cape Girardeau Co. (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant: Emma Braun
(b) Address: Perryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Perryville Mo.
18. (a) Signature of funeral director: Young & Sons
(b) Address: Perryville Mo.
19. (a) 4-22-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1947 hour 9 minute A M.
21. I hereby certify that I attended the deceased from Prior 5, 1946, to April 19, 1947 that I last saw him alive on April 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach with metastasis and	
Due to: intestinal obstruction	6 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: Intestinal obstruction carcinoma of stomach with metastasis
Of autopsy: no 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? (Specify type of place)
While at work? (e) Means of injury O
23. Signature: R. A. Ritter, M. D. (M. D. or other)
Address: Cape Girardeau Mo. Date signed 4-21-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 447-675

Date Filed 4-28-47

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 Edward Le Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.