

FILED JUN 23 1947

318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

5700

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2819a Iowa Avenue
(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

3. (a) PRINT FULL NAME Frank A. Braun

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Theresa Braun 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased October 22, 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St. Genevieve, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business South Side Chevrolet Co.

12. Name Anton Braun

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

14. Maiden name Stilda Weiler

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

16. (a) Informant Mrs. Lillian Welek

(b) Address 2819a Iowa Avenue

17. (a) Burial (b) Date thereof June 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) JUN 10 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 24 2819a Iowa Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 8 1946 to June 8 1947
that I last saw him in alive on June 6 1947
and that death occurred on the date and place stated above.

Immediate cause of death Coronary embolism Duration 1 day
Due to Coronary Thrombosis 3 mo.
Due to Chr. Myocarditis 1 yr.

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy no
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) None
(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 W. J. C. Slusher (M. D. or other) med.
Address 2767 Morris Ave Date signed 6-9-47

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

MOTHER FATHER

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.....

Jex Campbell

Licensed Embalmer No.....

3881

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.