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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22921**
Registrar's No. **1422**

Registration District No. **317** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Wellston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1800 Lucas-Hunt Road.
(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 **Mary Ann Braun.**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **George C. Braun.**
6. (c) Age of husband or wife if alive **Dec'd.** years
7. Birth date of deceased **April 4, 1867.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	2	25	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **David Harvey.**
13. Birthplace **St. Louis County, Missouri.**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Bowles.**
15. Birthplace **Jefferson County, Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. David Braun.**

(b) Address **1800 Lucas-Hunt Road.**

17. (a) **Burial** (b) Date thereof **7-1-1947.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch, Inc.**

(b) Address **5966-68 Easton Avenue.**

19. (a) **7-3-47** (b) **Carla J. Sharp**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis 96**
(c) City or town **Wellston**
(If outside city or town limits, write "RURAL")
(d) Street No. **1800 Lucas-Hunt Road.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29th.**
year **1947** hour **5** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **28 May**
2 19**47**, to **29 June** 19**47**;
that I last saw h. **W.** alive on **27 June** 19**47**;
and that death occurred on the date and hours stated above.

Immediate cause of death
Diabetes mellitus & diabetic
gangrene right foot
Due to _____

Duration
1 year
2 mo

Due to **61**

Other conditions **pituitary adenoma head tumor** 10 yrs.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature **Walter G. [unclear]** (M., D. or other) _____
Address **3705 Brown Pl. St. Louis County** Date signed **20 June 1947**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Walter C. Gray.
Brown & St. Charles Road.
1 to 3 & 6 to 8 P.M.
Wabash 3334

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

Clement McNeary

Licensed Embalmer No. *3732*

P. O. Address

St. Louis

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.