pt. Health,
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FILED NOV 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43028
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2777

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Lemay — Inside Limits Yes # No ☐	c. CITY OR TOWN Lemay 4870c — Inside Limits Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 218 Viehl Avenue — Length of stay in 1b 6 years	d. STREET ADDRESS (If outside, give location) 218 Viehl Avenue (23) — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First CARL Middle Last BRAUN		4. DATE OF DEATH Month Day Year Nov. 7, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED # NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Jan.14,1876
9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Organist	10b. KIND OF BUSINESS OR INDUSTRY Church Organist	11. BIRTHPLACE (City and state or country) Louisville, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Carl Braun	13b. MOTHER'S MAIDEN NAME Sophie Knauss	14. NAME OF HUSBAND OR WIFE Lydia Braun	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) -	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs.Lydia Braun 218 Viehl Ave.Lemay 23,MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Chronic Myocarditis	4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Arteriosclerosis	7 years
DUE TO (c)	Chronic Prostatitis, operated in 1949	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 611X

19. WAS AUTOPSY PERFORMED? ~~YES~~ NO ☐ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 17th, to 52 and last saw ~~her~~ him alive on Sept 19th, 1957

Death occurred at 5 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edwin J Frochet MD	22b. ADDRESS 3635 Mr. Nemstead Ave	22c. DATE SIGNED 11/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-9-57	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	23d. LOCATION (City, town, or county) St. Louis (State) MO.
24. FUNERAL DIRECTOR SUEDMEYER & SON'S ADDRESS 3934 N. 20th. Street	25. DATE RECD. BY LOCAL REG. 11-8-57	26. REGISTRAR'S SIGNATURE Weabeet K. Somkeng	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Gustav W. Dietrich

Licensed Embalmer No. 4329

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.