

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037629

STATE REGISTRATION DISTRICT NO. 10486

FILED NOV 10 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Jewish Orthodox INSTITUTION Old Folks Home		d. STREET ADDRESS (If outside, give location) 1438 E. Grand Avenue	
Length of stay in lb 1 1/2 yrs 2099		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SADIE BRAUN		4. DATE OF DEATH Month Day Year Nov. 1st, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 14, 1875
9. AGE (In years by birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) USSR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Moses Chazen		13b. MOTHER'S MAIDEN NAME Beile (unk)	14. NAME OF HUSBAND OR WIFE Victor Braun
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No (unknown)) (If yes, give year and dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Maurice Braun 5967 Cates Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerosis, Generalized</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>750.0</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Progressive Nutritional Deterioration</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>7/57</i> to <i>11/1/58</i> and last saw ^{her} _{him} alive on <i>10/30/58</i> Death occurred at <i>9:40 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Roy Speckman MD</i>		22b. ADDRESS <i>4652 Maryland</i>	22c. DATE SIGNED <i>11/1/58.</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>11/2/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>	23d. LOCATION (City, town, or county) (State) <i>University City Mo.</i>
24. FUNERAL DIRECTOR <i>Berger Memorial 4715 McPherson</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 3 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Edward J. Davis*

Licensed Embalmer No. 3988

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.