

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS AUG 8 1960

-60-029014

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2316 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Length of stay in lb <u>7 wks.</u>	c. CITY OR TOWN <u>Grover.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Co. Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Just out of city limits.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Sylvester Max Braun 8-1-60

5. SEX m 6. COLOR OR RACE wh 7. Married  Never Married   
 Widowed  Divorced  8. DATE OF BIRTH Nov 16, 1913 9. AGE (last birthday) 46  
 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver 10b. KIND OF BUSINESS OR INDUSTRY Am. Donut Co. 11. BIRTHPLACE (City and state or country) Evansville Ill 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME George Braun 13b. MOTHER'S MAIDEN NAME Helen Koonts 14. NAME OF HUSBAND OR WIFE Helen Braun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 327-18-2407 17. INFORMANT Helen Braun Grover Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Bronchiogenic Carcinoma, left INTERVAL BETWEEN ONSET AND DEATH ?  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) left + lower lobe bronchiectasis. PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  N.  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 Month, Day, Year  
 a.m. p.m.

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 6-27-60 to 8-1-60 and last saw <sup>her</sup>him alive on 8-1-60  
 Death occurred 6:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert L. Howe M.D. 22b. ADDRESS 601 S. BRENTWOOD 22c. DATE SIGNED 8-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Aug 4 '60 23b. DATE Aug 4 '60 23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial 23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR Mrs. John L. Huber, St. Louis Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 8-3-60 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 11 1960

MAR 15 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.