DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 23 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11896 -60-047324 STATE FILE NUMBER

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) OR TOWN St.Louis — Length of stay in 1b 2-wks.	c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran Hospital — Inside Limits Yes [X] No [ ]	d. STREET ADDRESS (If outside, give location) 3403 Wyoming St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last: Stephen (Istvan) Braun	4. DATE OF DEATH Month Day Year: Dec. 9, 1960		
5. SEX: Male	6. COLOR OR RACE: White	7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]	8. DATE OF BIRTH: 3/21/80
9. AGE (last birthday): 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (retired)Upholsterer	10b. KIND OF BUSINESS OR INDUSTRY: Lammert Funniture	11. BIRTHPLACE (City and state or country): Hungary	12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: ------- Braun	13b. MOTHER'S MAIDEN NAME: unknown	14. NAME OF HUSBAND OR WIFE: Stella Rosche 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.: 488-07-1928	17. INFORMANT Address: Stella Braun - 3403 Wyoming St.	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 16 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 490 x H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary Emphysema; Possible Carcinoma of lung

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 4/26/57, to 12/9/60 and last saw ~~her~~ him alive on 12/9/60

Death occurred at 11 05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward W. Czerwinski M.D.	22b. ADDRESS: 3701 Grandel Sq	22c. DATE SIGNED: 12/9/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Dec.13,1960	23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St.Louis County, Missouri		
24. FUNERAL DIRECTOR ADDRESS: WACKER-HELDERLE-3634 Gravois Ave.	25. DATE RECD. BY LOCAL REG.: DEC 12 1960	26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 349

P. O. Address St. Louis

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