MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31504

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. St. Lukes Hospital St. ..... Ward)

File No. .....

Registered No. 8806

2. FULL NAME Flora B. Bramhall

(a) Residence. No. 5351 Delmar St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of Geo W. Bramhall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27 - 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	—	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired (housewife)

(b) General nature of industry, business, or establishment in which employed (or employer) 210 M

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wheeling
(STATE OR COUNTRY) West Va.

PARENTS

10. NAME OF FATHER Thomas Magruder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) West Va.

12. MAIDEN NAME OF MOTHER [illegible]

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Wilmoth Waller
(Address) 5351 Delmar Bl.

15. FILED OCT - 3 1927, 19..... Max C. Starkcoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on 30 P, 19....., and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock + Injuries (Fracture skull

Struck by Auto in City (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Criminal St. Louis Carelessness (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Tom Dever, M. D.

10/3, 1927 (Address) Dep Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cem.

DATE OF BURIAL: Oct 4 1927

20. UNDERTAKER: Alexander & Sons

ADDRESS: 6175 Delmar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2.