JUN 5 1936

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

791
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Do not use this space.
20855

File No.
Registered No. 5045

1. PLACE OF DEATH

County
Township
City St. Louis Mo. (No. Barnes Hosp. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME John Mc Bratney

(a) Residence, No. 6322 Vermont St. Ward. 1
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1914

7. AGE: Years 22 | Months 0 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Wholesale)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER
13. NAME John S. Mc Bratney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Kate Sinning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) John S. Mc Bratney 6321 Vermont.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ms. Crem. DATE 5-9 1936

19. UNDERTAKER (ADDRESS) Southern Und. Co 6322 So Grand Blvd

20. FILED MAY 9 - 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-4-, 1936 to 5-9-, 1936.
I last saw h.. alive on 5-9, 1936. Death is said to have occurred on the date stated above, at 7 50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Extradural clot	March 7 1936
Epilepsy, due to cerebral neoplasm, Benign	Mar 1936

Other contributory causes of importance: 54d

Name of operation Left Cerebral Craniotomy Date of May 7 1936
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. R. Bradley, M. D.
(Address) Barnes Hospital

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.

WRITE PLAINLY, WITH STANDARD INK—THIS IS A PERMANENT RECORD