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

DEC 13 1937

39536
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 10523
(c) City St. Louis Mo. (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Helen Bracey
(a) Residence, No. 4333 a Cook Ave St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: Colord
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Bracey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 10-1903
7. AGE: ~~1903~~ YEARS: 34 MONTHS: 7 DAYS: 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as saw mill, bank, etc.
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: William E. Dewey.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Daisy Page.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sherdin County Missouri

17. INFORMANT (ADDRESS): Mrs. Daisy Campbell, 4239 W. Cook Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Washington DATE: Nov. 14, 1937
19. FUNERAL DIRECTOR (ADDRESS): Adams Undertaking Bsm Windsor Pl.
20. FILED NOV 15 1937, 19 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 -, 1937, to Nov. 11 -, 1937.
I last saw her alive on Nov. 11 -, 1937. Death is said to have occurred on the date stated above, at 12 10 a.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis, acute

Date of onset

139 b

Other contributory causes of importance:
Chronic salpingo-oophoritis
Paralytic ileus
Tubo-ovarian abscess, left Non Venereal
Cause unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....
If so, specify .....
(Signed) H. Hauptman, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

WHITE PERINEY 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.

Corrected Apr 19 1940 by affidavit L. Wood

I X12004

see affidavit No 257 in Mine file 1940

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. 2963

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed F. G. Green

Licensed Embalmer No. 2963

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.)