

FEB 12 1938

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

163  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791 / 1003**  
 (b) Township ..... Primary Registration District No. .... Registered No. **19**  
 (c) City **St. Louis,** (d) Street No. **People 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

**Mamie Bracken 625**  
 (a) Residence, No. **4336a Cook Ave.** St. **17**  
 (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 **Female** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 5, 1886**

7. AGE YEARS **51** MONTHS **1** DAYS **25** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **maid**  
 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 **23 1/2**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Harry Holt**

14. BIRTHPLACE (CITY OR TOWN) **Ky.** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **ALICE Nightingale**

16. BIRTHPLACE (CITY OR TOWN) **MEXICO** (STATE OR COUNTRY)

17. INFORMANT **Jay Holt** (ADDRESS) **4336a Cook Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **1/4/38**

19. FUNERAL DIRECTOR **W. S. WADE Ind. Co.,** (ADDRESS) **4202 FINNEY AVE.**

20. FILED **JAN 2 1938** **J. T. Brudeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 30, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **12/28**, 19**37** to **37/12/31**, 19**37**  
 I last saw her alive on **12/30/1937**, 19**37** Death is said to have occurred on the date stated above, at **8:24 AM**  
 The principal cause of death and related causes of importance were as follows:

**Lobar Pneumonia** Date of onset **12/26/37**  
**108**  
 Other contributory causes of importance:

Name of operation **none** Date of .....  
 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? .....  
 If so, specify ..... (Signed) **D. E. J. O'Connell**, M. D.  
 (Address) **4336 Cook Ave.**

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.

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