

ESTD JUN 12 1939

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

791
1008

17220

Do not use this space.

4754

1. PLACE OF DEATH

- (a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City..... St. Louis (d) Street No. Homer Phillips 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Braggs

- (a) Residence, No. 2125 Clark St. 22 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1878		
7. AGE	YEARS 60	MONTHS 9	DAYS 13	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil		11. Total time (years) spent in this occupation.....	
	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).....			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama			
	13. NAME Nathan Mack			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown			
	15. MAIDEN NAME Caroline Mack			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown			
17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier				
18. BURIAL, CREMATION, OR REMOVAL PLACE Boliger, Ala. DATE May 24, 1939				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) English Und. Co. 2931 Lucas Ave				
20. FILED MAY 25 1939 J. D. Brubaker Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1939 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1939, 19..... to May 19, 1939, 19..... I last saw h. or alive on May 19, 1939, 19..... Death is said to have occurred on the date stated above, at 7:40p. m.
The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease with decompensation

Date of onset 5/8/39

Other contributory causes of importance: Nephrosclerosis

Name of operation..... clinical Date of.....
What test confirmed diagnosis?..... Was there an autopsy? NO

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) J. D. Brubaker, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

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

Louis V. Atkins

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis V. Atkins

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Firme

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.