

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. _____

791

Primary Registration District No. _____

Registrar's No. _____

9249

1. PLACE OF DEATH:

1003

NOV 13 1939

USUAL RESIDENCE OF DECEASED:

(a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
14 No. Kingshighway Blvd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 60 Years. (Specify whether
 years, months or days)

(a) State Missouri. (b) County _____
 (c) City or town St. Louis. 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. 14 No. Kingshighway Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME Mary Bracken. 625
 3. (b) If veteran, _____ 3. (c) Social Security
 name war _____ No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th.
 year 1939 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from on 10-27-39
 _____, 19____, to _____, 19____;
 that I last saw her alive on 10-27- _____, 1939
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
 divorced Widowed
 6. (b) Name of husband or wife Marion Brett Bracken. 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Unknown. 1879
 (Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration
 ?
 Due to _____
 Due to _____
 Other conditions Cardiac and diaphragm 3 yrs
 (include pregnancy within 3 months of death)
 Major findings: Under study of Dr. Arthur M. ... PHYSICIAN
 Of operations _____
 Of autopsy _____

8. AGE: Years _____ Months _____ Days _____ If less than one day
60 Unknown. hr. _____ min. _____

9. Birthplace St. Louis, Mo. _____
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home. _____

11. Industry or business _____

12. Name Charles P. Stanley. _____

13. Birthplace Ireland. _____
 (City, town, or county) (State or foreign country)

14. Maiden name Rose Murphy. _____

15. Birthplace St. Louis, Mo. _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address #14 N. Kingshighway _____

17. (a) Burial (b) Date thereof. Oct. 30, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery _____

18. (a) Signature of funeral director Arthur J. Donnelly _____

(b) Address 3840 Lindell Blvd. _____

19. (a) OCT 29 1939 (b) _____
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Dr. T. DeLong (M. D. or other) M.D.

Address 651 Euclid Date signed 10-28-39

6651 Emory St
1-2 PR

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.)

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