DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 320

FEB 17 1941

Registration District No. 701

Primary Registration District No.

Registrar's No. 320

1. PLACE OF DEATH: 1003

(a) County 3

(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:
Enroute City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. Laclede Hotel
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clarence Bratton 635

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased About 65 (Month) (Day) (Year)

8. AGE: Years About 65 | Months | Days | If less than one day hr. min.

9. Birthplace Warrensburg, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Auditor (retired) 0

11. Industry or business Frisco R.R. 9

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Sarah Cecil 1
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Lucille Roseman
(b) Address Tomah, Wisconsin

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/12/40 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director Albert H. Hoppe.
(b) Address 4700 Washington Ave.

19. (a) JAN 11 1940 (Date received local registrar) (b) J. F. Bridgeh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1940 hour 11:50 minute P M.

21. I hereby certify that I attended the deceased from Jan 3, 1940 to Jan 6, 1940
that I last saw h alive on Jan 6, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Bronchial Pneumonia	
Due to Myocarditis, Chronic	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

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

23. Signature B. A. Moranville M.D. (M.D. or other)
Address American Hotel St. L. Mo. Date signed Jan 9

(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.

X19511

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 Wilford Burnley, Registered Apprentice No. 1 working under my personal supervision.

Signed Albert L. Hopper

Licensed Embalmer No. 2971

P. O. Address

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.