

MAY 15 1940 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4035 West Pine 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 _____
years, months or days)

3. (a) PRINT FULL NAME Elvire E. Braddy 630

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 4 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Monroe Brown

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

14. Maiden name Mary Moore

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

16. (a) Informant Willard Braddy

(b) Address 2710 St. Vincent

17. (a) Removal (b) Date thereof 4-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) APR 18 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 19
(If outside city or town limit, write "RURAL")
 (d) Street No. 4035 West Pine Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
 year 1940 hour 2 am minute _____ M.

21. I hereby certify that I attended the deceased from Feb 1 - 1940 to April 17 1940
 that I last saw her alive on April 16 - 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis (parenchymatous) 34 years
 Duration

Due to _____

Due to _____

Other conditions Blood Pressure 240 mm Hg
(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? _____

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

23. Signature Paul Vinyard (M. D. or other) _____

Address 3718^a Olive St. St. Louis Date signed 4-18-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Signed *Albert G. Hoyer*
Licensed Embalmer No. 2991

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.