No. 2
11-10-39
3-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

Registration District No. 7911

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 585

Registrar's No. 585

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CENTRAL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution RESIDENCE (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County 000

(c) City or town SAINT LOUIS: 1217
(If outside city or town limits, write "RURAL")

(d) Street No. # 4518 WASHINGTON BLVD: 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN C. BRAM

3. (b) If veteran, name war unknown

3. (c) Social Security No. none

4. Sex MALE U

5. Color or race WHITE

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

6. (b) Name of husband or wife INA M. BRAM

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

7. Birth date of deceased FEBRUARY 22 - 1874
(Month) (Day) (Year)

8. AGE: Years 66. Months 10 Days 25 If less than one day hr. min.

9. Birthplace HOPKINS MISSOURI.
(City, town, or county) (State or foreign country)

10. Usual occupation PHYSICIAN

11. Industry or business

FATHER
12. Name WILLIAM . BRAM
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Slinson
15. Birthplace Bethany Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant ONEY C. RAINES
(b) Address 3601 Lindell, Blvd., St. Louis

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/20/41 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director C.R.LUPTON AND SONS
(b) Address # 7233 DELMAR BLVD: 4 UH

19. (a) JAN 20 1941 (Date filed with local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th year 1941. hour eleven minute forty five a.m.

21. I hereby certify that I attended the deceased from Jan. 2, 1940, 19..., to January 17, 1941, that I last saw him alive on January 17, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	10 Days
Due to hyper-tension	2 yrs
Due to	
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 Nolan Lawson (M. D. or other)

Address 508 N. Grand Date signed 1/18/41

(Licensed Embalmer's Statement on Reverse Side)

Mept. Bldg.
JE-4141
Hrs 1-3 P. In

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis

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

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