

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26662
6454

State File No. 6454
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

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

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: BARNES HOSPITAL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Roxana Brutcher
3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Elvin Brutcher 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 8, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 6 28 hr. _____ min.

9. Birthplace Smithboro Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business Railroad

MOTHER FATHER { 12. Name William R. DeFrees
13. Birthplace Sumner Co. Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Euna Johnson
15. Birthplace Walpella Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Burke
(b) Address East St. Louis Ill

17. (a) Burial (b) Date thereof Aug. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill
18. (a) Signature of funeral director Chas Burke
(b) Address East St. Louis, Ill

19. (a) AUG -7 1941 (b) J. J. (Dredick)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999 11
(a) State Illinois (b) County _____
(c) City or town E. St. Louis Ill
(If outside city or town limits, write "RURAL")
(d) Street No. 3054 Regent (If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 6
year 1941 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from 5-20-41
to 8-6-41 that I last saw er alive on 8-6-41
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant melanoma
Primary site skin of
right arm
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 53
Major findings: Of operations 57
Of autopsy _____
Duration _____
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 work? _____ (Specify type of place) (e) Means of injury _____
23. Signature: H. R. ... (M. D. or other) D
Address BARNES HOSPITAL Date signed _____

2421

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.....

Chas. Burke

Licensed Embalmer No.

2421

P.O. Address.....

East St Louis

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, fact should be so stated above.