

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33219

FILLED NOV 24 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8174

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Children's Hospital 0
(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 Illinois (b) County 999
(c) City or town Centralia NR
(If outside city or town limits, write "RURAL")
(d) Street No. 1003 N. Lincoln
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JUDY CAROL BRASKIT

3. (b) If veteran, name war. No. No.
3. (c) Social Security No. No.

4. Sex Female 5. Color or race White
6. (e) Single, widowed, married, divorced Infant 0

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

7. Birth date of deceased Aug. 29 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
X 1 13 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Benjamin Brasket

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

14. Maiden name Inez Bouseman

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

16. (a) Informant Benjamin Brasket

(b) Address Centralia, Illinois.

17. (a) Removal (b) Date thereof 10/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Ill.

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

(b) Address 4700 Washington Ave.

19. (a) OCT 14 1941 (b) J. F. Brasket
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1941 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct 7
1941 to Oct 11, 1941;
that I last saw her alive on Oct 11 at 5:09 PM, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Bronchopneumonia
Due to Marasmus 4 wks
Erysipeloid dermatitis 2 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Marasmus & erysipeloid dermatitis

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 J. F. Brasket (M. D. or other)
Address 507 Dr. Key St. Date signed

Duration 7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.