

FILED FEB 24 1942

Registration District No. **791**

Primary Registration District No. **1000**

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:
Peoples 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 **40 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **601 East Tola Drive**
(If rural, give location)
(e) Citizen of foreign country? **X No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Rebecca G. Braxton**

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

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Louis Braxton Sr.** 6. (c) Age of husband or wife if alive **---** years
7. Birth date of deceased **October 5th, 1868**
(Month) (Year)

8. AGE: Years **73** Months **3** Days **5** If less than one day
hr. min.

9. Birthplace **Memphis, Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Gray**
13. Birthplace **Memphis, Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellen**
15. Birthplace **Memphis, Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Braxton**
(b) Address **4175 Enright Ave.**

17. (a) **Burial** (b) Date thereof **1-13-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **Chas. J. Gates**
(b) Address **4107 Finney Ave.**

19. (a) **JAN 13 1942** (b) **J. T. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **10th.**
year **1942** hour **5:15** minute **A. M.**

21. I hereby certify that I attended the deceased from **December 15th, 1941** to **January 10th, 1942**
that I last saw her alive on **January 9th, 1942**
and that death occurred on the date and hour stated above.
Immediate cause of death **Uremia Coma**

Due to **Chronic nephritis** 1 yr

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration **1 wk**
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 **W. Young** (M. D. or other) _____
Address **2326a Market St.** Date signed **1-11-42**

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2002-3N

STATEMENT BY LICENSED EMBALMER

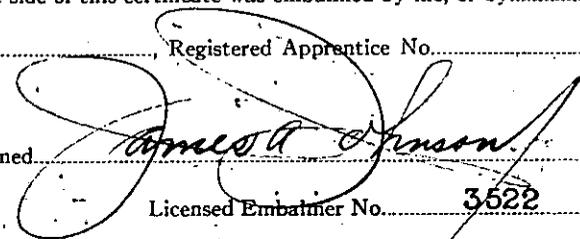
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.