S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8375

FILED APR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3207

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town (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 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 096

(c) City or town Puxico NR. (If outside city or town limits, write "RURAL")

(d) Street No. R.R. 1 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME IVY CRYSTAL CAPPS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Oscar

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug (Month) 27 (Day) 1897 (Year)

8. AGE: Years 44 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Bretzel
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora Eaton
15. Birthplace Bloomfield, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Oscar Capps

(b) Address Puxico Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation Puxico Mo.

18. (a) Signature of funeral director Aklbert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) APR 9 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9 year 1942 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from March 31, 1942, to April 9, 1942 that I last saw her alive on April 9-1942, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
bilateral post operative	2 days
Subdural hemorrhage post-op	"
Due to Post-operative craniotomy	3½ mo
for frontal lobe tumor	
Due to Non-malignant	
Other conditions tumor of brain (Include pregnancy within 3 months of death)	

Major findings:
Of operations Brain tumor, left frontal lobe.
Of autopsy Sub-dural bleeding, bronchopneumonia

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 Charles Eckert (M. D. or other)

Address BARNES HOSPITAL Date signed 4/9/42

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

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.