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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38187

State File No. _____

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County STE GENEVIEVE

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

(c) Name of hospital or institution: 299 JEFFERSON
(If not in hospital or institution, write street number or location)

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

In this community 16 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE GENEVIEVE

(c) City or town STE GENEVIEVE
(If outside city or town limits, write "RURAL")

(d) Street No. 299 JEFFERSON
(If rural, give location)

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

3. (a) PRINT FULL NAME HARVEY WALKER BRACE

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-10-8955

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife DONNA LORRAINE WELER 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased JULY 12 TH 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 4 12 hr. _____ min.

9. Birthplace BEAR CREEK, MARION CO., MO. O
(City, town, or county) (State or foreign country)

10. Usual occupation BLACKSMITH

11. Industry or business MISSISSIPPI LIME CO. OF MO.

MOTHER FATHER

12. Name DE LOS BRACE

13. Birthplace UNKNOWN NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name MARY ELLEN BAREN

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

16. (a) Informant Donna L. Brace

(b) Address Ste Genevieve, Mo.

17. (a) Burial (b) Date thereof Nov 27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Jerry Stanton Mortuary
(b) Address Ste Genevieve, Mo.

19. (a) Nov 25/42 (b) T. W. Douglas
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 TH
year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov-21
1942 to Nov-24 1942
that I last saw him alive on Nov 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Myocarditis

Due to Influenza 2 days

Due to _____

Other conditions Chronic Emphysema
(Include pregnancy within 3 months of death) 10 yrs

Major findings:
Of operations _____
Of autopsy 108

Duration 5 days
10 yrs
2 days
10 yrs

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)

Means of injury 3

23. Signature Robert H. Lawrence (M. D. or other) _____
Address Ste Genevieve, Mo. Date signed 11/25/42

RECEIVED

District Health Officer No. 3

File Number 1242-1409

Date 12-7-42

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.....

m

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4084

P. O. Address Wilmington, N.C.

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.