

FILED NOV 29 1943
Registration District No. 318

Primary Registration District No. 1005

State File No. _____
Registrar's No. 10031 ✓

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

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: M. C. STARK L. F. & Co. City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 1 day
(Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
(c) City or town St. Louis 91
(If outside city or town limits, write "RURAL")
(d) Street No. 6321 Vermont a
(If rural, give location)
(e) Citizen of foreign country? _____ (Specify whether
If yes, name country _____ No. 0)

3. (a) PRINT FULL NAME John Shirley McBratney

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate McBratney 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased 4 - 2 1943
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation clerk

11. Industry or business General

12. Name William McBratney

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

14. Maiden name Jucinda McBratney
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Kate McBratney

(b) Address 6321 Vermont

17. (a) Missouri (b) Date thereof Nov 16 - 43
(City, town, or county) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri

18. (a) Signature of funeral director Southern Fun Home

(b) Address 6322 Grand Blvd

19. (a) NOV 16 1943 (b) J. F. Bradeau
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from on
Nov. 15 1943 to _____ 19____

that I last saw him live on November 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Cerebral arteriosclerosis

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

Major findings: Of operations _____
Of autopsy _____

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 James F. Madden (M. D. or other)
Address 634 71 Grand Blvd Date signed 11-16-43

Duration
Physician
Underline the cause to which death should be charged statistically.

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.....

Virgil L. Berryman
.....
Licensed Embalmer No. *4018*

P. O. Address.....

St. Louis, Mo.

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.