

FILED APR 23 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3035

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: Masonic Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 mo.
(Specify whether 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. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Mae Bragg

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex F race W 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife W. S. Bragg 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 29, 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Martin Sedaleck
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Cassidy
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant IVA HIRSCH
(b) Address 5351 Delmar Blvd. St. Louis

17. (a) Burial (b) Date thereof 4-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 4 1945 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd year 1945 hour 11:45 minute _____ PM.

21. I hereby certify that I attended the deceased from March 14th, 1945 to April 3rd, 1945 that I last saw her alive on April 3rd, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Chronic-Myocardia 3mo.

Due to Hypertension 1yr.

Chronic-Interstitial Nephritis

Other conditions _____ (Include pregnancy within 3 months of death) 18 Mo.

Major findings: Of operations _____ PHYSICIAN _____

Of autopsy _____ (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 J. F. Budek (M.D. or other) _____
Address 508 N. Grand Blvd. Date signed _____

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

MOTHER FATHER

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

John G. Goussier

Licensed Embalmer No.

3398

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.