

7. S. No. 2
DOM-5-43
rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18017
Registrar's No. 974

Registration District No. 317 Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution: "Rural" DesPeres
(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
(c) City or town DesPeres 96
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mattie M. Brackett
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19
year 1945 hour 2 minute 50 P.M.
21. I hereby certify that I attended the deceased from 9-16 1944 to 4-19 1945
that I last saw her alive on 4-19 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1, 1884
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
Due to _____
Due to Chronic myocarditis
Other conditions Hypertension 93d
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
60 9 18 hr. _____ min.
9. Birthplace Chamois, Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Housewife

MOTHER FATHER {
11. Industry or business _____
12. Name William Frahm
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Johanna Boe
15. Birthplace Germany (City, town, or county) (State or foreign country) LL

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant William Brackett
(b) Address Baden Station
17. (a) Burial (b) Date thereof Apr. 23, 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Bromschwig Und. Co.
(b) Address 4846 West Florissant
19. (a) APR 28 1945 (b) E. S. M. Baurman
(Date received local registrar) (Registrar's signature)

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 0
23. Signature Royal C. McLean (M. D. or other) MD
Address Furberwood Mo Date signed 4-20-48

Dr. M. L. L. L.

126 E. Jefferson Ave.

Woodward

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.....

W. W. Wilkinson

Licensed Embalmer No. *3575*

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.