

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
X 36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 28477  
Registrar's No. 6794

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

1. PLACE OF DEATH:  
(a) County St. Louis MO  
(b) City or town St. Louis MO  
(c) Name of hospital or institution: 2842 Standard  
(d) Length of stay: In hospital or institution 27 years  
In this community 27 years

3. (a) PRINT FULL NAME SOSIE BRAMLETT  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color Col  
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 Oct 15 1901

8. AGE: Years 45 Months 9 Days 15  
9. Birthplace Jackson Tenn  
10. Usual occupation Housework at Home

11. Industry or business \_\_\_\_\_  
12. Name Joseph Hicks  
13. Birthplace Tenn  
14. Maiden name Josephine Hicks  
15. Birthplace Tenn

16. (a) Informant Nancy Moore  
(b) Address 2842 Standard  
17. (a) Funeral (b) Date thereof Aug 3, 1946  
(c) Place: burial or cremation Father DeLeon Cen  
18. (a) Signature of funeral director F. A. Green  
(b) Address 2915 Franklin Ave  
19. (a) AUG 3 1946 (b) J. F. Bredeck

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 2842 Standard  
(e) Citizen of foreign country? \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 30 year 1946 hour 11 minute a M.  
21. I hereby certify that I attended the deceased from March 3 1945 to July 30 1946  
that I last saw her alive on July 26 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 9/26  
(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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work \_\_\_\_\_  
23. Signature W. S. G. Clark (M. D. or other) \_\_\_\_\_  
Address 2749 Franklin Date signed 7-31-46

MISSOURI DEPT. OF HEALTH

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

*G. A. Green*

Licensed Embalmer No.

*2963*

P. O. Address

*2915 Franklin*

**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.