

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6877

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 553

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	c. LENGTH OF STAY (in this place) 2dys	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Welston 4301	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		d. STREET ADDRESS (If rural, give location) 6400 Easton	

3. NAME OF DECEASED (Type or Print) <i>Rolla</i>			a. (First)			b. (Middle)			c. (Last) <i>Bracy</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 27, 1951</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Feb. 10, 1865</i>			9. AGE (In years last birthday) <i>86</i>		10. UNDER 1 YEAR Months		11. UNDER 1 MIN. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Phy. and Surgeon</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Pr. Practice</i>				11. BIRTHPLACE (State or foreign country) <i>Lexington Ky.</i>				12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			

13a. FATHER'S NAME <i>Unknown</i>			13b. MOTHER'S MAIDEN NAME <i>Marlow</i>			14. NAME OF HUSBAND OR WIFE <i>Mrs. Katherine Bracy</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Katherine Bracy 6400 Easton</i>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>HEMORRHAGE</i>		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>DUODENAL ULCER</i>										3 DAYS	
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>CANCER OF PROSTATE</i>		DUE TO (c)										YEARS	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from *2-26-1951* to *2-27-1951*; that I last saw the deceased alive on *2-27-1951*, and that death occurred at *5:45pm.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. M. Weible</i>			23b. ADDRESS <i>M.P. St. Louis County Hosp.</i>			23c. DATE SIGNED <i>2-27-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Entombment</i>		24b. DATE <i>MAR. 2, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mount Hope Mausoleum</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>			

DATE REC'D BY LOCAL REG. <i>3-1-51</i>		REGISTRAR'S SIGNATURE <i>R. Danke M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alexander & Sons 6115 Delmar</i>	
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Unlicensed Embalmer's Statement on Reverse Side

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

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Jos. E. McCulloh
Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.