

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21772

State File No. _____

No. 300
10.48

FILED JUL 9 1952

1003

Registrar's No. **5699**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) Life d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119 d. STREET ADDRESS (If rural, give location) 3225 Montgomery	
3. NAME OF DECEASED a. (First) Wm. b. (Middle) Patrick c. (Last) Bracken		4. DATE OF DEATH (Month) (Day) (Year) June 17 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 17 1888
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) St. Louis	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Wm. Bracken		13b. MOTHER'S MAIDEN NAME Mary Ann Dalney	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT'S SIGNATURE OR NAME Miss Randolph R. 2331 Mulholland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 486 16 1790	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, following injuries suffered when struck by car operated by one Floyd Holmes at intersection of 12th and Chestnut Sts., about Nov 4 1951 ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION non Accident	
21a. ACCIDENT (Specify) Accident SUICIDE _____ HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Nov 4 5:11 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E-8124 25		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:45 AM, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Calvin E. Taylor, Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 6-19-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 19 52		24c. NAME OF CEMETERY OR CREMATORY Galvary	
24d. LOCATION (City, town, or county) (State) St. Louis MO		25. FUNERAL DIRECTOR'S SIGNATURE J. Earl Smith, M.D. - Coroner	
DATE REC'D BY LOCAL REG. JUN 19 1952		25. FUNERAL DIRECTOR'S ADDRESS 4386 Lindell	

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

G.P. (Licensed Embalmer's Statement on Reverse Side)

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lamm*

Licensed Embalmer No. *4142*

P. O. Address. *St. Louis*

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.