

STANDARD CERTIFICATE OF DEATH

State File No. 2879

FILED JAN 28 1953

BIRTH NO. 71389 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0216

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		2117	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St. Louis Childrens Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>3661 1/2 Finney</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>David</i>		b. (Middle) <i>L</i>		c. (Last) <i>Bracey</i>	
4. DATE OF DEATH		(Month) (Day) (Year)		<i>Jan 7, 1953</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>Col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Sept 25, 1952</i>		9. AGE (in years last birthday) Months <i>3</i> Days <i>16</i> Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Louise Bracey</i>		14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Louise Bracey 3661 1/2 Finney</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <i>Bacterial Pneumonia</i></p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>491X</i>			
22. I hereby certify that I attended the deceased from <i>1952</i> , to <i>1953</i> , that I last saw the deceased alive on <i>Jan 10, 1953</i> , and that death occurred at <i>330 P</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Frank E. J. [Signature]</i>				23b. ADDRESS <i>1300 Clont/66</i>		23c. DATE SIGNED <i>1/9/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Jan 10/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cem</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>	
DATE REC'D BY LOCAL REG. <i>JAN 9 1953</i>		REGISTRAR'S SIGNATURE <i>Paul Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ed Green 4214 Delmar</i>			

MS JAN 7 1960

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

F. A. Green

Licensed Embalmer No. *2863*

P. O. Address *4214 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.