

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40222

State File No.

FILED DEC 4 - 1953

Registrar's No. 11200

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| BIRTH NO. <u>91756</u> | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | State File No. | | Registrar's No. <u>11200</u> | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | | c. LENGTH OF STAY (In this place) <u>1 day</u> | | c. CITY OR TOWN <u>St. Louis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>24 3645 Marine</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant Kenneth O. Bratton</u> b. (Middle) c. (Last) | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1953</u> | | | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | | 8. DATE OF BIRTH <u>Nov. 24, 1953</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 12 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Oscar Bratton</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Arlene Bratton</u> | | 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) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oscar Bratton, 3645 Marine</u> | | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subventricular Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Capillary Fragility</u> DUE TO (c) <u>Subuterine Anoxia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Toxemia of Pregnancy</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>- 4 -</u> <u>- 4 -</u> | |
| 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR <u>7710</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>11-24</u> , 19 <u>53</u> , to <u>11-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-25</u> , 19 <u>53</u> , and that death occurred at <u>2:00 pm.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. E. Smith, M.D.</u> | | | | 23b. ADDRESS <u>5203 Chippewa</u> | | | 23c. DATE SIGNED <u>11-26-53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>11.27.53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Burial Park</u> | | 24d. LOCATION (City, town, or county). (State) <u>St. Louis Co., Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>NOV 27 1953</u> | | REGISTRAR'S SIGNATURE <u>J. E. Smith</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co., 7420 Michigan</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Not Embalmed*

Licensed Embalmer No.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting

If this body is not embalmed, fact should be so stated above.

L. C. Rembold, Jr