

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45212

State File No. _____

FILED JAN 19 1954

318

1003

12046

BIRTH NO. 917 45 REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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 OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>19 1/2 hrs</u>	c. CITY OR TOWN <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Romer G. Phillips</u>			d. STREET ADDRESS (If rural, give location) <u>4519 Washington</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) _____	b. (Middle) _____	c. (Last) <u>Bracy</u>	(Month) <u>12</u>	(Day) <u>12</u> (Year) <u>53</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>12-11-53</u>	9. AGE (In years last birthday) _____	IF UNDER 1 YEAR Months _____	IF UNDER 12 HOURS Days _____	IF UNDER 15 MIN. Hours _____ Min. <u>19 1/2</u>
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) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME <u>Louise Bracy</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mary D. Jett, R.R. 1</u>	ADDRESS <u>201 N. Whittier</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? <u>7.76x</u>

22. I hereby certify that I attended the deceased from 12-11-, 1953, to 12-12-, 1953, that I last saw the deceased alive on 12-12-, 1953 and that death occurred at 10:00m, from the causes and on the date stated above.

23a. SIGNATURE <u>William N. Sautler, M. D.</u> (Degree or title)	23b. ADDRESS <u>2601 N. Whittier</u>	23c. DATE SIGNED <u>12-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>12-31-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u> (State) _____
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DATE REC'D BY LOCAL REG. <u>DEC 22 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Rowland-Aker Mortuary Service</u>	ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u>
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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
Student Embalmer

Signed.....

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