

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031037

FILED VS SEP 8 1959

317

Primary Registration District No. 590

Registrar's No. 2344

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kinloch, Missouri		c. CITY OR TOWN Kinloch	
Length of stay in 1b 40 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 319 Monroe Street		d. STREET ADDRESS (If outside, give location) 319 Monroe Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ETHEL UNDEAN BRACY			4. DATE OF DEATH Month Day Year August 28, 1959		
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-23-84	9. AGE (last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Covington, Tenn.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John Weaver		13b. MOTHER'S MAIDEN NAME Frances Foggy		14. NAME OF HUSBAND OR WIFE Mitchell Bracy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Hazel Stewart 319 Monroe		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
DUE TO (b) Hypertensive Heart Disease		2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **March 30, 1955** to **August 26, 1959** and last saw her ~~her~~ **her** alive on **August 26, 1959**
Death occurred ~~at~~ **xx August 28, 1959** at **_____** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) FR Bradley M. D.		22b. ADDRESS Barnes Hospital	22c. DATE SIGNED 8/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/2/59	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS Charles J. Gates, 4107 Finney		25. DATE RECD. BY LOCAL REG. 8-31-59	26. REGISTRAR'S SIGNATURE J. B. Mumfry M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gayton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney A

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.