

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30831**

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **789A**

1. PLACE OF DEATH:

1008

(a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 days**
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps**
 (c) City or town **St. James**
 (If outside city or town limits, write "RURAL") **WR**
 (d) Street No. _____
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **13**
 year **1939** hour **8:20** minute **7** A. M.
 21. I hereby certify that I attended the deceased from **July 7**
 1939, to **Sept. 13**, 1939;
 that I last saw him alive on **Sept. 12**, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Sarcoma**
metastasis in the lung
and elsewhere
 Due to **Do not know**
Primary site left femur
 Due to _____
 Other conditions **53**
 (Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Major findings:
 Of operations **Sarcoma of the femur**
and throughout lung and
lung was practically completely
autopsied with the sarcoma
autopsied same.
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) _____
 (e) Means of injury _____

23. Signature **Dr. M. P. Kinsinger** (M. D. or other) **M. D.**
 Address **7932 Maryland** Date signed **9-13-39**

3. (a) PRINT FULL NAME **GEORGE F. BRATCHER** **639**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **unk**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Ruth Bratcher** 6. (c) Age of husband or wife if alive **39** years
 7. Birth date of deceased **June 22 1900**
 (Month) (Day) (Year)

8. AGE: Years **39** Months **2** Days **20**
 If less than one day _____ hr. _____ min.

9. Birthplace **Curryville Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Cashier**

11. Industry or business **Produce Exchange**

12. Name of decedent **Francis A. Bratcher**

13. Birthplace **Kentucky**
 (City, town, or county) (State or foreign country)

14. Maiden name **Helen Barrett**

15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own name **Mrs. Elsie B. Ware**
 (b) Address **2825 Sulphur St. Kansas**

17. (a) **Burial** (b) Date thereof **9/16/39**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. James, Mo.**

18. (a) Signature of funeral director **Alexander & Sons**
 (b) Address **6175 Delmar Blvd.**

19. (a) **SEP 19 1939**
 (Date received local registrar) **J. F. Bratcher**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. W. Binkley

Licensed Embalmer No.....

3653

P. O. Address.....

St. Louis, Mo.

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, above space should be left blank.