

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5407**

79 JUL 17 1940

1. PLACE OF DEATH:

(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: **Homer G. Phillips**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
In this community **28 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sam Bramlett** **654**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lucy Bramlett** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **April 4, 1884**
(Month) (Day) (Year)

8. AGE: Years **66** Months **2** Days **17** If less than one day hr. _____ min.

9. Birthplace **Pulaski Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business _____

MOTHER FATHER { 12. Name **Horace Bramlett**

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

14. Maiden name **Lulu Taylor**

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

16. (a) Informant **Lucy Bramlett**
(b) Address **4232 Cote Brillante Avenue**

17. (a) **Burial** (b) Date thereof **6/26/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director *[Signature]*

(b) Address **4107 Finney Avenue**

19. (a) **JUN 24 1940** (b) *J. F. Bredeck*
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4216 N. Market**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **21**
year **1940** hour **6:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **6-17-** 19**40** to **6-21-** 19**40**
that I last saw h. **im** alive on **6-21-** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** **About 3**
Months

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **M. W. Allen** (M. D. or other) **6-22-1940**

Address **2601 N. Whittier** Date signed _____

Duration
About 3 Months
PHYSICIAN
Underline the cause to which death should be charged statistically.

[Handwritten initials]

WRITE PLAINLY—USE 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.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.