

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1436**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Pattonville**
(c) Name of hospital or institution **Welland + Falcon**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1.56** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County
(c) City or town **Chicago**
(If outside city or town limits, write "RURAL")
(d) Street No. **Home for Blind**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **57** years.

8. (a) PRINT FULL NAME **JAMES BRAMMER**

8. (b) If veteran, name war **none** 8. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **1873** years

7. Birth date of deceased **Apr. 1 1873**
(Month) (Day) (Year)

8. AGE: Years **67** Months **3** Days **29** or **min.**
If less than one day

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

10. Usual occupation **Unemployed**

11. Industry or business

12. Name **James Brammer**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Fred L. Brammer**

(b) Address **Robertson No R+1 Box 176**

17. (a) **Burial** (b) Date thereof **8-1-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Lebanon**

18. (a) Signature of funeral director **Sturman, Eugene**

(b) Address **2504 Woodson Overland Mo**

19. (a) **JUL 30 1940** (b) **H. J. Colman**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30**
year **1940** hour **4** minute **50 a. M.**

21. I hereby certify that I attended the deceased from **June 9th** 1940 to **July 30th** 1940; that I last saw him alive on **July 29th** 1940; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **7 days**

Due to **Chronic Myocarditis and Arterio-sclerosis** **1 yr.**
1 yr.

Due to **Blindness** **5 yrs**

Other conditions **Blindness** **9 yr**
(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?

707 (Specify type of place)
While at work? (c) Means of injury

23. Signature **H. J. Colman M.D.** (M. D. or other) **1**
Address **Pattonville Mo** Date signed **July 30 1940**

Duration
7 days
1 yr.
1 yr.
5 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.