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

SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29584

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1468

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town West End Park Sub. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Clayton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town West End Park (If outside city or town limits, write "RURAL")

(d) Street No. Clayton RR 1-Box 260 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Laura Brame 650

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race negro

6. (a) Single, widowed, married divorced married

6. (b) Name of husband ~~or wife~~ Harry Brame

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug (Month) 5 (Day) 1873 (Year)

8. AGE: Years 67 Months 11 Days 0 If less than one day ✓ hr. min.

9. Birthplace Callaway Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business ✓

FATHER
12. Name Timothy Jones
13. Birthplace not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Oliver
15. Birthplace not know (City, town, or county) (State or foreign country)

16. (a) Informant Harry Brame

(b) Address Clayton RR. 1-Box 260

17. (a) (Burial, cremation, or removal) (b) Date thereof 8 (Month) 4 (Day) 40 (Year)

(c) Place: burial ~~or cremation~~ Washington Park

18. (a) Signature of funeral director J. C. Lewis

(b) Address Webster Grove

19. (a) AUG 4 - 1940 (Date received local registrar) (b) R. Meyer M.D. Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st year 1940 hour 12 minute 10 M.

21. I hereby certify that I attended the deceased from 1-4, 1939, to 8-1, 1940 that I last saw her alive on 8-1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Diffuse arteriosclerosis & Hypertension

Due to

Other conditions 8 2a1 (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 822 a N Jefferson Date signed 8/3/40

(Licensed Embalmer's Statement on Reverse Side)

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. E. Lewis

Licensed Embalmer No. 2027

P. O. Address Hialeah Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.