

APR 9 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 200

Registrar's No. 511

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Berliner Convalescent Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")

(d) Street No. 3627 Manhattan Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Bessie Leota Brayfield

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Marion A. Brayfield

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

7. Birth date of deceased Jan 20, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

47 6 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Lacey

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Spradling

15. Birthplace Unknown - MERRITT, Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susan L. Staller

(b) Address 5019 Ridge Ave., St. Louis, Mo.

17. (a) Burial (b) Date thereof Mar. 8, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Mittelberg Funeral Home

(b) Address 23 W. Lockwood Webster Groves

19. (a) MAP 7 1941 (b) J. K. Miller, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1941 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 2  
1940, to Mar 5, 1941  
that I last saw her alive on Mar 5, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast and lung

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 50  
(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 John H. Russell, M.D. (M. D. or other)  
Address 800 5a Gravois Ave. Date signed 3/7/41

Duration \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

74  
13  
1

**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.....

*Gay W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

**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, fact should be so stated above.**