No. 2
4-13-40
5-17-39
I X23159

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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16904

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4422

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: Jewish ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town East St. Louis N.R. 11 0
(If outside city or town limits, write "RURAL")

(d) Street No. 310 N. 73rd. St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 21 years

3. (a) PRINT FULL NAME Ester Brainerd

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Alfred Brainerd

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June 8, 1901 (Month) (Day) (Year)

8. AGE: Years 39 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Wakeeney / Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name James Erle Morgan

13. Birthplace / not known
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Holmes

15. Birthplace Rock Island Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. M. Burke

(b) Address East St. Louis Ill

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 26, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Chas. M. Burke

(b) Address East St. Louis, Ill

19. (a) MAY 27 1941 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1941 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 5-21- 1941, to 5-24- 1941; that I last saw her alive on 5-23- 41 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	3 days
Due to Hypertension	Many years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?

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

23. Signature A. Kaplan (M. D. or other) O

Address 634 N. Grand Date signed 5-24-41

(Licensed Embalmer's Statement on Reverse Side)

Dr A Kaplan
634 N Grand
33068, ~~9~~ 5586
-3:30

4422 4422

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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St Louis, Ill

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

If this body is not embalmed, fact should be so stated above.