2052
No. 2
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-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19900

FILED JUL 21 1941 Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4712

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether

In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. LLouis (If outside city or town limits, write "RURAL") 2317

(d) Street No. 1525 Menard Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Velma Bramer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Harold

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Oct. 4, 1911 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
29	8	1	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Lewis
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name May Pierce
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Harold Bramer
(b) Address 1525 Menard St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/41 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Dale, Mo.

18. (a) Signature of funeral director A.W.McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) JUN 6 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5. year 1941 hour 2:55 minute A. M.

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

Immediate cause of death uteri Carcinoma of Cervix with metastasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

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 Henry Lattuada (M. D. or other)
Address 1515 Lafayette Ave. Date signed 6/5/41

(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 Ralph Linders, Registered Apprentice No. 281 working under my personal supervision.

Signed. L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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

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