

Registration District No. 154

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Chesterfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rt. #2.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Chesterfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt. #2.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd,  
year 1941 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death. Natural causes. Duration \_\_\_\_\_

Due to Chronic myocarditis.

Due to 93 d

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Yes. **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 Louis H. Hoffbauer M. D. or other \_\_\_\_\_  
Address Kirkwood, Mo. Date signed 7/3/41

3. (a) PRINT FULL NAME Irene M. Bramhall.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 5. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 9th, 1905  
(Month) (Day) (Year)

8. AGE: Years 36 Months 2 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

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

MOTHER FATHER { 12. Name Joseph M. Bramhall

13. Birthplace Alton, Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Isabelle Van Horn

15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Ostendorf

(b) Address 4328 De Soto Ave. St. Louis, Mo.

17. (a) Burial (b) Date thereof July 7 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Wm. M. Schunacher

(b) Address 4834 Natural Bridge, St. Louis, Mo.

19. (a) JUL 3 1941 (b) [Signature]  
(Date received local Registrar) (Registrar's signature)

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

7600

NOV 10 1948

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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.....

*John A. Melman*

Registered Apprentice No. ....

working under my personal supervision.

Signed *John A. Melman*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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, fact should be so stated above.