V. S. No. 2
0M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12441

FILED MAY 19 1942

Registration District No. 791 Primary Registration District No. 1003

Registrar's No. 4184

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

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: JOSEPHINE HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 003
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 2 17
(d) Street No. 2629 CHOUTEAU AV. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME WALTER BRANTLEY
3. (b) If veteran, name war NO
3. (c) Social Security No. NO.
4. Sex MALE O
5. Color or race WHITE
6. (a) Single, ~~widowed~~, ~~married~~, divorced SINGLE O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY (Month) 19 (Day) 1903 (Year)
8. AGE: Years 39 Months 3 Days 20 If less than one day hr. min.
9. Birthplace ALABAMA (City, town, or county) (State or foreign country)
10. Usual occupation TIRES
11. Industry or business OWNER
MOTHER FATHER
12. Name AJAXS BRANTLEY
13. Birthplace ALABAMA (City, town, or county) (State or foreign country)
14. Maiden name MAMIE HOWARD
15. Birthplace ALABAMA (City, town, or county) (State or foreign country)
16. (a) Informant Lamar Brantley
(b) Address Tuscumbia alabama
17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof MAY 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation EVERGREEN, ALABAMA.
18. (a) Signature of funeral director E. J. Selmur
(b) Address 3125 Lafayette Av.
19. (a) MAY 12 1942 (Date received local registrar) (b) J. T. Badeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5/9 day year 1942 hour 10:45 minute X M.
21. I hereby certify that I attended the deceased from 4/24 1942 to 5/9 1942 that I last saw h~~ee~~ alive on 5/9 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Circulatory Collapse	1
Due to: Ether Shock	1
Due to: Malignant Lethargic	2 Wks
Other conditions: Death from Ether Shock (Include pregnancy within 3 months of death)	
Major findings: Stage 4 Shock	
Of operations: H of Ureter	
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? NO (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 B. Shaulin O (M. D. or other)
Address 1914 S. Jefferson Date signed 5/9/42

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1942

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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 Joe B. Kollmer, Registered Apprentice No. ....., working under my personal supervision.

Signed Joe B. Kollmer

Licensed Embalmer No. 4014.

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.