

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 27 1942

Registration District No. 188

Primary Registration District No. 117

Registrar's No. 1187

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 512 SELMA AVE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JAMES WILEY BRADEN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife MARY A. BRADEN

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased 1-20-1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tariff Rate Clerk Retired

11. Industry or business _____

MOTHER FATHER

12. Name JOHN BRADEN

13. Birthplace UNKNOWN MISS
(City, town or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Tunney

(b) Address 572 Selma Ave

17. (a) Burial (b) Date thereof 6-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST PETERS CEM

18. (a) Signature of funeral director MITTELBERG FUNERAL HOM
WEBSTER GROVES, MO.

(b) Address _____

19. (a) JUN 2 - 1942 (b) C. H. McKeown
(Date received local) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 1
year 1942 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov. 21-
1942, to June 14, 1942
that I last saw him alive on May 31-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to _____

Due to Senility

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 93d

Of autopsy _____

Duration

2 yrs

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? _____

Inc. _____ (Specify type of place)

While at work? _____ (g) Means of injury 0

23. Signature Arthur W. Westrup (M. D. or other)

Address Webster Groves Mo Date signed 6-2-42

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

6
4
4

copies
-406
13/42

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.....

Licensed Embalmer No.....

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.