

S. No. 2
M-5-42
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26506

State File No. _____

FILED

SEP 11 1943
Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 7776

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Romer H. Phillips
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

(c) City or town St. Louis 2/9
(If outside city or town limits, write "RURAL")

(d) Street No. 1123^a No 18th N.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruth Rambo Bright

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Blond

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased abt 1877
(Month) (Day) (Year)

Immediate cause of death:
Coronary Occlusion
Arterio sclerosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) NA

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 66 Months _____ Days _____
If less than one day _____ hr. _____ min.

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

10. Usual occupation ml

11. Industry or business _____

MOTHER FATHER {

12. Name Wm. C. Brown

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

14. Maiden name Wm. C. Brown

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

16. (a) Informant James J. Brennan

(b) Address 1300 Bluff
Anatomical Board
(Burial, cremation, or removal) (City, town, or county) (State or foreign country)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. K. ...

(b) Address 3000 ...

19. (a) AUG 30 1943 (Date received local registrar)

J. F. Brebeck (Registrar's signature)

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)

Means of injury? _____

23. Signature Alfred Perry (M. D. or other)

Address ... Date signed 8/14/43

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.