S. No. 1
OM—
5-17-39
1 E3669

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32173

State File No. _____

FILED OCT 2 - 1943

Registration District No. 17

Primary Registration District No. 6076

Registrar's No. 2168

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Adminictration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Sept. 20, 1943.
(Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 009 17
(c) City or town: St. Louis. 9
(If outside city or town limits, write "RURAL")
(d) Street No.: 1406 Barger Street
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: John A. Bratek.
3. (b) If veteran, name war: World War #1
3. (c) Social Security No.: 494-03-8877
4. Sex: male
5. Color or race: white
6. (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: May (Month) 12, (Day) 1901 (Year)
8. AGE: Years 42 Months 4 Days 13 If less than one day ___ hr. ___ min.
9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Bartender
11. Industry or business: —
FATHER 12. Name: Joseph S. Bratek
FATHER 13. Birthplace: Germany (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name: Josephine (unknown)
MOTHER 15. Birthplace: Rushville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Government Records.
(b) Address: Vet. Adm. Fac., Jeff. Bks., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Joseph Mo
18. (a) Signature: Hannigan & Sheahan Und Co
(b) Address: 4415 Washington Blvd.
19. (a) SEP 27 1943 (Date received local reg.) (b) C. J. McGarry M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th, year 1943 hour 3:45 minute P. M.
21. I hereby certify that I attended the deceased from Sept. 20, 1943 to Sept. 25, 1943 that I last saw him alive on Sept. 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Edema and Hyperemia (Alcoholic) — Duration: 5 da.
Due to: 7 d
Due to:
Other conditions (Include pregnancy within 3 months of death): 1. Chronic Alcoholism and Multiple Neuritis.
Major findings:
Of operations:
Of autopsy: Autopsy performed. See cause of death.

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): no
(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: Geo. J. Epp, M.D., (M. D. or other)
Address: Actg. Chief Medical Officer, Vet. Adm. Fac., Jeff. Bks., Mo. Date signed: 9/25/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John Ogonowski

Licensed Embalmer No. 3398

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.