

FILED NOV 20 1943 318

Primary Registration District No. 1003

Registrar's No. 9836

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: Homer Phillips Hospital  
(d) Length of stay: In hospital or institution 0  
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town St. Louis 21  
(d) Street No. 2921 Bell Ave  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME George Brackenridge

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 2 5. Color or race Negro 3 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown 1862  
(Month) (Day) (Year)

8. AGE: Years About 81 Months Days If less than one day hr. min.

9. Birthplace Brigeston, MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business

12. Name Wash Brackenridge  
13. Birthplace Unknown 9  
14. Maiden name  
15. Birthplace Unknown 9

16. (a) Informant Mary Jane Willis  
(b) Address 3918 Cook Ave.

17. (a) Burial (b) Date thereof 11-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Ad. Bell and Co.  
(b) Address 1726 1/2 Ave

19. (a) Date received local registrar NOV 21 1943 (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1943 hour 7 minute 00 AM

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.

Immediate cause of death Chronic Myocarditis Chronic interstitial nephritis

Due to 1/21

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations: Of autopsy:

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature Thomas F. Callahan 3 Deputy Coroner Date signed 11-10-43

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

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Arthur S. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address. *4219<sup>th</sup> E. Gayfield*

**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.**