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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **100**
Registrar's No. **195**

Registration District No. _____

Primary Registration District No. **1003**

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: CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 3 YEARS years, months or days

3. (a) PRINT FULL NAME David Leon BRATCHER
3. (b) If veteran, name war None 3. (c) Social Security No. None

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: 1 (Month) 13 (Day) 1938 (Year)

8. AGE: Years 5 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Rambauer Mo. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Child

11. Industry or business _____
12. Name MARION BRATCHER
13. Birthplace POPIER BLUFF Missouri (City, town, or county) (State or foreign country)
14. Maiden name LEONA TRAPLEY
15. Birthplace Rambauer Mo Missouri (City, town, or county) (State or foreign country)

16. (a) Informant MARION BRATCHER
(b) Address 1421 Missouri Ave

17. (a) ~~Home~~ Home (b) Date thereof 1/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation POPIER BLUFF MO

18. (a) Signature of funeral director G. W. McLaughlin
(b) Address 2301 Lafayette

19. (a) JAN 8 1944 (Date received local registrar) J. F. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State MISSOURI (b) County 12
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 1421 Missouri Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7
year 44 hour 10 minute 40 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 Lobar pneumonia
empyema
Due to _____
Due to 100

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature of Thomas J. Callahan (M.D. or other) 3
Address Deputy Coroner Date signed 1-8-44

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.....

L. R. Cooper
Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.