

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

FILED JUN 19 1944

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5203

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:
En Route City Hospital
(If not in hospital or institution, write street number or location)
12 Hours
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1427 So. 7th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VEDA PAULINE BREES

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased June 6 1936
(Month) (Day) (Year)

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

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

10. Usual occupation Student

11. Industry or business _____

12. Name Willie Samuel Brees

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

14. Maiden name Gracie Evans

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

16. (a) Informant Clarence Floyd

(b) Address 1419 So. 14th St.

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2501 Lafayette Ave.

19. (a) JUN 7 1944 (b) J. F. Budeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1944 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Second + 3rd degree Burns of entire body with loss of skin on upper home 1427 So. 7th St. St. Louis. Caused by a coal oil heater about 5:40 AM June 5th 1944 Duration _____

Due to Damage to Bldg. \$500.00

Other Damage to contents 300.00 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 100

(b) Date of occurrence June 5 1944

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 home

While at work? no (Specify type of place) (e) Means of injury fire

23. Signature James J. F. Johnson (M.D. or other) 3

Address 150 E. 16th St. Date signed 6/7/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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. P. Sawyer

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.