

6. No. 2
M-2-43
5-17-39
-1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

State File No. **29158**
Registrar's No. **7574**

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.....
In this community..... **0** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Illinois** (b) County..... **Perry**
(c) City or town..... **Tamaroa**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Clementine H. Brocaille**
(b) If veteran, name war..... **None**
(c) Social Security No..... **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **31**
year **1944** hour **7** minute **03** A.M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced..... **Married**
(b) Name of husband or wife..... **Henry Brocaille** 6. (c) Age of husband or wife if alive..... **42** years
7. Birth date of deceased..... **January 15 1906**
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
38 **7** **16** hr. min.

Immediate cause of death..... **Septic abortion within the result of a fall in the vicinity of 7th and Clark Avenue 2:30pm Aug 25 1944 or Spontaneous could not be determined**

9. Birthplace..... **Perry County Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation..... **Housewife**

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

11. Industry or business.....
12. Name..... **James A. Crain**
13. Birthplace..... **Jackson County Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Georgia A. Rule**
15. Birthplace..... **Perry County Illinois**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
1945
1/15
15

16. (a) Informant..... **Independence Crain**
(b) Address..... **Pinckneyville, Ill.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... **Open Verdict**
(b) Date of occurrence..... **Aug 25 1944**
(c) Where did injury occur?..... **St. Louis**
(City or town) (County) (State)

17. (a) Removal..... (b) Date thereof..... **2-1-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Pinckneyville, Ill.**
18. (a) Signature of funeral director..... **Albert H. Hoppe**
(b) Address..... **4700 Washington Blvd.**
19. (a) Date received local registrar..... **SEP 1 1944** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place
While at work..... (Specify type of place)
(Specify type of means of injury)
23. Signature..... **W. J. Perry** (Name, D. or other)
Address..... **St. Louis** Date signed..... **7/4/44**

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

999
110
N.R.

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.....

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.