

S. No. 2
OM-5-43
v. 5-17-39
I X36671

State File No. **4010-1387**
Registrar's No. _____

FILED FEB 24 1945
Registration District No. **318**

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 weeks
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Carrie Brace

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

4. Sex female
 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 15, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Charles Winter

13. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Fairchild

15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louis Hale
 (b) Address 8604 Charlton Lane

17. (a) burial
(Burial, cremation, or removal) (b) Date thereof 2/15/45
(Month) (Day) (Year)
 (c) Place: burial or cremation Detroit, Michigan

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
 (b) Address 7027 Gravois

19. (a) FEB 13 1945
(Date received by Registrar) J. J. Bralock
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County _____
 (c) City or town Detroit
(If outside city or town limits, write "RURAL")
 (d) Street No. 23023 Elizabeth
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 2.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day -12
 year 1945 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from 4-10-44 19 to 2-12-45 19;
 that I last saw her alive on 2-12-45 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of uterus
with metastases
to peritoneal & splenic
lymph nodes

Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
 Of autopsy _____

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 J. J. Bralock
(M.D. or other)
 Address 4523 S. Kuykendall
(City or town) (State)

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 C. P. Kidwell.....

Licensed Embalmer No. 3877.....

P. O. Address 7027 Gravois.....

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.