

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5237 Enright Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) \_\_\_\_\_

In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

**3. (a) PRINT FULL NAME** Opal Bramley

**3. (b) If veteran,** name war Nil

**3. (c) Social Security No.** None

**4. Sex** Female **5. Color or race** White

**6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Warren Bramley

**6. (c) Age of husband or wife if alive** 67 years

**7. Birth date of deceased** March 12 1884  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>62</u>	<u>4</u>	<u>21</u>	hr. min.

**9. Birthplace** Unknown Illinois  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

MOTHER FATHER

**11. Industry or business**

**12. Name** Jacob Mize

**13. Birthplace** Unknown Indiana  
(City, town, or county) (State or foreign country)

**14. Maiden name** Martha Vaughn

**15. Birthplace** Unknown Illinois  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Warren Bramley

**(b) Address** 5237 Enright Ave.

**17. (a) Removal** Edwardsville, Illinois  
(Burial, cremation, or removal) **(b) Date thereof** 8-5-46  
(Month) (Day) (Year)

**(c) Place: burial or cremation**

**18. (a) Signature of funeral director** Fred M. Williams

**(b) Address** 4535 Washington Blvd.

**19. (a) Date of local registration** AUG 5 1946 **(Registrar's signature)** J. F. Brebeck

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5237 Enright Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month August 3  
year 1946 hour 9 minute 30 AM

**21. I hereby certify that I attended the deceased from** 30 July  
1946, to 3 August 1946

that I last saw her alive on 2 August 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease  
@ Arterial embolism

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 9/30  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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)**

**23. Signature** C. W. ... **(M. D. or other)** \_\_\_\_\_

**Address** 5397 Ward **Date signed** 3 Aug 46

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

27916

FILED AND RECORDED

**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. 4053  
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:**