

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

31983

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **7682**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**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. Anthonys Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County \_\_\_\_\_

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

(d) Street No. 6623 Michogan Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Charles Mc Bratney

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

4. Sex Male 5. Color or race WHITE

6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased Sept. 7 1866  
(Month) (Day) (Year)

8. AGE	Years	Months	Days	If less than one day hr. min.
	79	11	26	

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

10. Usual occupation Retired Printer

11. Industry or business St. Louis Globe-Democrat

12. Name Wm. McBratney

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

14. Maiden name Lucinda McDonald

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

16. (a) Informant Mrs. Jane Crawford  
(b) Address 6623 Michigan Ave.

17. (a) Cremation (b) Date thereof 9-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Jos. P. Fendler Jr.  
(b) Address 7128 Michogan Ave.

19. (a) 9-5-46 (b) J. F. Brudek  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 4 year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Aug 15 to Sept 4, 1946  
that I last saw him alive on Sept 4, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis  
Due to perforation of coccaum  
Due to arterio-sclerosis

Duration 3 days  
6 mo  
6 mo

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: H/O  
Of operations \_\_\_\_\_

Of autopsy Peritonitis & carcinoma

**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) \_\_\_\_\_ (Means of injury) 0

23. Signature M. Bulliam (M. D. or \_\_\_\_\_)  
Address 607 N Grand Date signed 9/5/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Miss Carl Matley

**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

*Garth H. Hemborg*  
.....  
Licensed Embalmer No. 2906

P. O. Address 7128 Michigan

**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.**