

S. No. 2
1-1/47
5-17-39

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **2982**

WRITE PLAINLY—USING 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. John's Hospital**
(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)

3. (a) PRINT FULL NAME **Fannie Ella Brakob**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **500-74-6265**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **August Brakob**

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

7. Birth date of deceased **April 10 1893**
(Month) (Day) (Year)

8. AGE: Years Months Day If less than one day

54 **55** **3** **12** **13** hr. min.

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

10. Usual occupation **Seamstress**

11. Industry or business **Angelica Jacket Co.**

12. Name **Herbert R. Nicks**

13. Birthplace **London England**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Stube**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gladys Brakob**

(b) Address **4420a Kossuth Ave.**

17. (a) Burial (b) Date thereof **8-26-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stony Hill, Mo.**

18. (a) Signature of funeral director **Blumer Funeral Home**

(b) Address **Berger, Mo.**

19. (a) **AUG 22 1947** (b) **J. J. Brewer**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **4420a Kossuth Ave.** **9**
(If rural, give location) **0**

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **22**
year **1947** hour **4** minute **00** A.M.

21. I hereby certify that I attended the deceased from **Aug 17**
....., 19....., to **Aug 22 1947**
that I last saw her alive on **Aug 21**, 19.....
and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death **Cerebral myelitis**

Due to.....

Due to.....

Other conditions.....
(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).....

(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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **J. J. Brewer** (M. D. or other) **MD**

Address **4443 1/2 Stewart** Date signed **Aug 22 1947**

PHYSICIAN

Underline the cause of 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.....

W. W. Wilkinson

Licensed Embalmer No.....

3575

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.