. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 28887

FILED SEP 2 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7987

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community 33 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

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

(d) Street No. 221 N Compton 4
(If rural, give location)

21

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

If yes, name country

3. (a) PRINT FULL NAME Bertie Brimm

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race NERGO

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

6. (b) Name of husband or wife PERCY

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased 4 (Month) 11 (Day) 1914 (Year)

8. AGE: Years 33 Months 4 Days 9 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) MO (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name SARGENT TURNER
13. Birthplace MEXICO (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name DENVER CRAIG
15. Birthplace CALWAY (City, town, or county) MO (State or foreign country)

16. (a) Informant Denver Beverly
(b) Address 221 N. COMPTON AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 WASHINGTON AVE

19. (a) AUG 22 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1947 hour 10 minute P M.

21. I hereby certify that I attended the deceased from August 1, 1947 to August 20, 1947
that I last saw her alive on August 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Fibroma Uteri; Prob. Cerebral Hemorrhage

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration
Undet.

PHYSICIAN
Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Erwin (M. D. or other)

Address 2601 N Whittier Date signed Undet.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 45 [illegible] Aldine

**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.**