

S. No. 2  
DM-5-43  
v. 5-17-39  
D I X3687

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35535

State File No. \_\_\_\_\_

FILED NOV 7 1947

9948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

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:  
**City Hospital #1**  
(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 **Raymond Woodrow Brawley**

3. (b) If veteran, name war **WW 2** 3. (c) Social Security No. **?**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **February 22 1914**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>33</b>	<b>8</b>	<b>5</b>	hr. min.

9. Birthplace **Des Arc Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Trackman**

11. Industry or business **RR**

12. Name **Thomas Brawley**

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

14. Maiden name **Minnie Myers**

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

16. (a) Informant **Thomas Brawley**

(b) Address **200 a Victor St.**

17. (a) **Burial** (b) Date thereof **Oct. 30-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **J.C. Hoffmeister U. & L. Co.**

(b) Address **7814 S. Broadway**

19. (a) **OCT 28 1947** (b) **J. F. Budeick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **200 a Victor St.** **9**  
**23** (If rural, give location)  
 (e) Citizen of foreign country? **No** **0**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **27**  
 year **1947** hour **2** minute **45 A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Drugs Intoxication**  
**Amphetamine Sulfate**  
**Alcohol** which he drank  
 Died in home on Oct 26 1947  
 about 3:30 P.M.  
 Due to **which accidental or**  
**intentional could not be**  
 Other cause **determined**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

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

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? \_\_\_\_\_

23. Signature **Tatish E. Taylor** **2**  
(Specify type of place) (M.F. together)  
 Address **1300 Clark** Date signed **10-28-47**

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

**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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.**