. 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. 6096

FILED MAR 15 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2353

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Macoupin 999
(c) City or town Carlinville
(If outside city or town limits, write "RURAL") 77
(d) Street No. 407 Mounts Street., 2
(If rural, give location) N.R
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Reta Lavena Brackett
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unavailable Brackett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 22 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
45	6	14	hr. min.

9. Birthplace Murryville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
MOTHER FATHER
12. Name George Jones
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Lovella Fanning
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Veda Striplin
(b) Address Carlinville, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Carlinville, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) MAR 8 1948 (Date received local registrar) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 1 minute 35 A.M.
21. I hereby certify that I attended the deceased from Feb 26, 1948 to March 6, 1948 that I last saw h. er alive on March 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death TOXEMIA OF GENERALIZED PERITONITIS	
Due to PERFORATION OF CAECUM	
Due to CARCINOMA OF RECTUM WITH INTESTINAL OBSTRUCTION	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations GENERALIZED PERITONITIS, CECAL PERFORATION, SUBDIAPHRAGMATIC ABSCESS
Of autopsy METASTASES TO LIVER OF CA OF RECTUM

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 F K Bradley (M. D. or other)
Address Barnes Hospital, Date signed 3/6/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.