

FILED AUG 10 1955

THE DIVISION OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24840**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1710**

1. PLACE OF DEATH  
a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **Koch** c. LENGTH OF STAY (in this place) **163 days**

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Robert Koch Hospital**

e. STREET ADDRESS (If rural, give location) **4718 Olive Street 2129**

3. NAME OF DECEASED  
a. (First) **Valrie** b. (Middle) **-** c. (Last) **BRATCHER**

4. DATE OF DEATH (Month) (Day) (Year) **7-26-55**

5. SEX **FEM** 6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **5-22-24**

9. AGE (In years last birthday) **31** 10. UNDER 1 YEAR Months **2** Days **7** 11. UNDER 1 HR. Hours **7** Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **At Home**

11. BIRTHPLACE (City and State or Foreign Country) **Ullin, Ill.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **George Roach**

13b. MOTHER'S MAIDEN NAME **Evangeline Gray**

14. NAME OF HUSBAND OR WIFE **James Bratcher**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. **334-22-1833**

17. INFORMANT'S SIGNATURE OR NAME **Record at Hospital** ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Pulmonary Tuberculosis**  
INTERVAL BETWEEN ONSET AND DEATH **6 yrs**  
  
ANTECEDENT CAUSES  
DUE TO (b) \_\_\_\_\_  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **5-5-55**

19b. MAJOR FINDINGS OF OPERATION **Tuberculosis of Left Upper Lobe 002x**

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **2-11**, 19**55**, to **7-26**, 19**55**, that I last saw the deceased alive on **7-25**, 19**55**, and that death occurred at **5:45 A.M.** from the causes and on the date stated above.

23a. SIGNATURE **Harold G. Russell M.D.** (Degree or title)

23b. ADDRESS **Robert Koch Hospital**

23c. DATE SIGNED **7-26-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **July 27, 55**

24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_

24d. LOCATION (City, town, or county) (State) **Cairo, Illinois**

DATE REC'D BY LOCAL REG. **7-27-55**

REGISTRAR'S SIGNATURE **Herbert P. Donke, Jr.**

25. FUNERAL DIRECTOR'S SIGNATURE **Charles J. Gates** ADDRESS **4107 Finney Ave.**

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arthur L. Hebbard*

Licensed Embalmer No. 4221

P. O. Address 4107 Finney

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.