

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38044

State File No. ....

BIRTH NO. 68634-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10197

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) OR TOWN St. Louis, Mo.

c. LENGTH OF STAY (in this place) 2 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 St. Louis Children's Hosp.

e. STREET ADDRESS (If rural, give location) 12 4519 Washington 212 1/2

3. NAME OF DECEASED  
a. (First) Keith  
b. (Middle) Lamont  
c. (Last) Bracey

4. DATE OF DEATH (Month) (Day) (Year) 11 19 55

5. SEX M

6. COLOR OR RACE C

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH 8-29-55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

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

13a. FATHER'S NAME Nathaniel Davis

13b. MOTHER'S MAIDEN NAME Louise Bracey

14. NAME OF HUSBAND/OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS B. Britton

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Congenital heart disease: Pre-ductal aortic coarctation; Cor Tri-locular & widely patent F. Ovale and ductus arteriosus.  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH Birth

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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) 754.4

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 11-17, 1955, to 11-19, 1955, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Miss J. Dietti MD

23b. ADDRESS St. Louis, Mo.

23c. DATE SIGNED 11-19-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removed Nov 22, 1955

24b. DATE \_\_\_\_\_

24c. NAME OF CEMETERY OR CREMATORY St. Louis No. 1

DATE REC'D BY LOCAL REG. NOV 22 1955

REGISTRAR'S SIGNATURE J. Earl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. B. Koeve 1221 N. Grand

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

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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 *Melvin Blushman*

Licensed Embalmer No. *39*

P. O. Address *1221 N. 1st*

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.