

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020719

FILED VS JUN 15 1960

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5814

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 60 yrs.		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 1212 McCausland		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First REBA Middle OPAL Last BRATTON			4. DATE OF DEATH Month June Day 4 Year 1960				
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/1/1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired teacher		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Public Schs.	11. BIRTHPLACE (City and state or country) Nevada, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Henry C. Bratton		13b. MOTHER'S MAIDEN NAME Rebecca Jane Kirkpatrick		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 495-42-0818	17. INFORMANT Mrs. D.I. Bolle, 3820 Rhodes Ave., Studio City, Cal.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RENAL FAILURE						INTERVAL BETWEEN ONSET AND DEATH 2 YEARS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) PYELONEPHRITIS						2 YEARS	
DUE TO (c) 600.0							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from MARCH 11, 1929 to JUNE 4, 1960 and last saw her/him alive on JUNE 4, 1960 Death occurred at 10:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>C. P. Vermillion, M.D.</i> (Degree or title) M. D.			22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 6/5/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial		23b. DATE 6/7/1960	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd.			25. DATE RECD. BY LOCAL REG. JUN 6 1960		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed jos emcullow

Licensed Embalmer No. 248

P. O. Address 613580

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.