SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-022339
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5532

FILED JUN 16 1961

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 41 years

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4549 Pope Avenue., — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4549 Pope Avenue., — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Warren Middle R. Last Bramley

4. DATE OF DEATH Month June Day 12, Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4/6/1879

9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Interior Decorating

11. BIRTHPLACE (City and state or country) Palmyra, Illinois

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

13a. FATHER'S NAME Robert Bramley

13b. MOTHER'S MAIDEN NAME Unknown Weaver

14. NAME OF HUSBAND OR WIFE Lillian Bramley

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

16. SOCIAL SECURITY NO.

17. INFORMANT Address Ray M. Bramley, 8131 Nola

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypostatic pneumonia	2 days
DUE TO (b)	Myocardial decompensation	6 wks
DUE TO (c)	Thyrotoxicosis	unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 252.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 April 25, 1961, to June 12, 1961 and last saw him alive on June 12, 1961
Death occurred at 2:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Glenwood Foster Jr

22b. ADDRESS 5034 N Bdwy St Louis 7 Mo

22c. DATE SIGNED 6/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6/15/61

23c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery

23d. LOCATION (City, town, or county) (State) Edwardsville, Illinois.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd.,

25. DATE RECD. BY LOCAL REG. JUN 13 1961

26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

MEDICAL CERTIFICATION

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed G W Wilkinson

Licensed Embalmer No. 3525

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.