

JUN 5 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *Saint Louis* (No. *Isolation Hoop*)

Registration District No. *791*
Primary Registration District No. *1003*

File No. *20200*
Registered No. *4990*
St. Ward)

2. FULL NAME *Orville Brandon jr*

(a) Residence, No. *7710 Alabama* St. *1* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>None</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 22, 1934</i>		
7. AGE	YEARS <i>1</i>	MONTHS <i>6</i>
	DAYS <i>15</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Nil</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Saint Louis Mo.* (STATE OR COUNTRY)

13. NAME *Orville Brandon*

14. BIRTHPLACE (CITY OR TOWN) *Malden, Mo.* (STATE OR COUNTRY)

15. MAIDEN NAME *Elizabeth Hooford*

16. BIRTHPLACE (CITY OR TOWN) *Saint Louis Mo.* (STATE OR COUNTRY)

17. INFORMANT *A. E. Reilly 5801 Arsenal* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE *St. Trinity Luth. Cem* DATE *May 9, 1936*

19. UNDERTAKER *C. Hoffmeister Und. & L. Co.* (ADDRESS) *7814 So. Broadway, St. Louis, Mo.*

20. FILED *MAY 7 - 1936* *J. T. Brudeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 6, 1936.*

22. I HEREBY CERTIFY, That I attended deceased from *May 3, 1936*, to *May 6, 1936*. I last saw him alive on *May 6, 1936*. Death is said to have occurred on the date stated above, at *11:45 p.m.* The principal cause of death and related causes of importance were as follows:

Wright's disease

Date of onset *April 25, 1936*

Other contributory causes of importance: *Streptococci - Same Throat.*

Name of operation *None* Date of *None*
What test confirmed diagnosis? *Chemical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) *Henry J. Udelsky* M. D. (Address) *5 West Arsenal*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

