4

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.

SEP 15 1936

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

Do not use this space.

791

1003

32391

8210

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8210

City St. Louis, Mo. (No. St. Louis City Hospital St. ..... Ward)

2. FULL NAME Blanche B. Brandon

(a) Residence, No. 4547 Enright Ave. St., 12 Ward. .....
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rone W. Brandon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) DuBuque (STATE OR COUNTRY) Iowa

FATHER

13. NAME Myer

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Sarah Lewis

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Sister Brandon (ADDRESS) 4547 Enright Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Aug. 6, 1936

19. UNDERTAKER C. R. Lupton & Sons (ADDRESS) 4449 Olive

20. FILED AUG 5 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy. in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

82 a

Other contributory causes of importance:

Cholecystitis (unknown as to gall stones)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Harold Phillips, M. D.

(Address) Depot