MAY 7 1937

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

Do not use this space.

14302

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3798

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. 4424 Flad Ave., St. ..... Ward)

2. FULL NAME Alpheus Henry Brandon.

(a) Residence, No. 4424 Flad Ave St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Brandon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 21, 1845

7. AGE: Years 91 Months 3 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Interior Decorator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

FATHER

13. NAME: Augustus B. Brandon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Sarah Whitney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Ella Brandon 4424 Flad Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Apr 10 1937

19. UNDERTAKER (ADDRESS): Geo L. Pletsch Inc 5966 Eastern ave

20. FILED 4-9-37 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 8, 1937

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

I last saw him alive on 8th April 1937 Death is said to have occurred on the date stated above, at 9:20 P. m.

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

Chr. myocarditis — Date of onset 2 yrs
Asthma — 15 yrs

Other contributory causes of importance: Senility

Name of operation None Date of —

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

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? None (Specify city or town, county, and State)

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

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Henry Jacobsen, M.D.

(Address) 705 Olive St St Louis Mo

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.

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Dr H. Jacobsen
Cent Trad Bank
705 Aline
130 to 4 Pm