

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

35986
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **4224 Flad Ave.** Registered No. **9563**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ella E. Brandon

(a) Residence, No. **4224 Flad Ave.** St. **17**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alpheus Brandon.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 12, 1854.**
 7. AGE YEARS **83** MONTHS **6** DAYS **02**
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **Fairfield County, Ohio.**

13. NAME **J. F. Smutz.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Fairfield County, Ohio.**

15. MAIDEN NAME **Mary Jane Tucker.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Fairfield County, Ohio.**

17. INFORMANT (ADDRESS) Mrs. Jennie B. Fleming
4224 Flad Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park lawn. DATE October 14, 1927

19. FUNERAL DIRECTOR Geo. L. Plitch Inc.
(ADDRESS) 5966 Eastern Ave.

20. FILED 2601 E 130 J. J. Bebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12, 1927

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1937, to 10-12, 1927

I last saw h. or alive on 9-26, 1927. Death is said to have occurred on the date stated above, at 7:40 P. M.

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

*Coronary occlusion
arteriosclerosis - general
myocardial infarction*

Date of onset

Other contributory causes of importance:

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? No
 If so, specify George C. Beasly, M. D.
 (Address) 3615 So. Grand

WHITE PLAINLY WITH UNFADING INK--THIS IS A FEDERAL REQUIREMENT
 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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1 X12004

Dr. George C. Bess.
3615 So Grand Blvd.

2 to 4

Grand 2155

STATEMENT BY LICENSED EMBALMER

I, Leonard W. Kaeger, Licensed Embalmer No. 2678
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. and or by Robert Sedimon, Registered Apprentice No. _____
working under my personal supervision.
Signed: Leonard W. Kaeger
Licensed Embalmer No. 2678

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.)