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.

DEC. AUG 12 1938

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

23346
Do not use this space.

791
1008

1. PLACE OF DEATH

(a) County ..... Registration District No. ..... Registered No. 6040

(b) Township ..... Primary Registration District No. City Sanitarium

(c) City St. Louis, Missouri (d) Street No. ..... St.
(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 23 yrs. Mos. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Brandon 653

(a) Residence, No. 904 a Barton St. 23
(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: 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: Effie Lee Brandon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 9, 1869

7. AGE: YEARS 68 | MONTHS 9 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Contractor
9. Industry or business in which work was done, as saw mill, bank, etc.: Carpenter
10. Date deceased last worked at this occupation (month and year): 1934
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Martin Tennessee

FATHER
13. NAME: Joseph Brandon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

MOTHER
15. MAIDEN NAME: Catherine Carlton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

17. INFORMANT (ADDRESS): Dr. Gausloser 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL: New St Marcus Cm. DATE July 6, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Weick Bros Und. Co. 2201 S. Grand Bl.

20. FILED JUL 6 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-4-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 7-4-38, 19
I last saw him alive on 7-4-38, 19 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation 1-3-38 x

83

Other contributory causes of importance: General Paralysis of the Insane
Paresis 1-3-38 x
Decubutus Ulcers 1-3-38 x

Date of onset

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? (GANSLOSER)
If so, specify .....
(Signed) W. Gausloser, M. D.
(Address) 5400 Arsenal St

Licensed Embalmer's Statement on Reverse Side)

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, Harry A Stewart, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.