

1939 JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

40720
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003
 (b) Township _____ Primary Registration District No. _____
 (c) City St. Louis, Mo. (d) Street No. St. Louis Childrens Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clyde Eugene Brandon

(a) Residence, No. _____ St. Herrin, Illinois
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 - 1936
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 1 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Clyde Brandon

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

MOTHER 15. MAIDEN NAME Mabel Brown

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

17. INFORMANT Clyde Brandon (ADDRESS) Herrin, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Herrin, Ill DATE 12 - 2 - 1938

19. FUNERAL DIRECTOR (NAME) Storrs Funeral Home (ADDRESS) Herrin, Ill

20. FILE NO. DEC 2 1938 J. B. Bredak Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 2 - 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:40 A.M.
 The principal cause of death and related causes of importance were as follows:

Post operative edema of the larynx with obstruction of the airway; due to the aspiration of a piece of walnut kernel, at his home in Herrin Illinois, on Dec. 1st, 1938, at about 10:00 A.M.
 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. Accident Date of injury 12/1/1938
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home
 Manner of injury See Above
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) Walter J. Perry, M.D.
 (Address) Herrin, Illinois

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.

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Howard H. Rowland

Licensed Embalmer No.

3114

P. O. Address

St. Louis, Mo.

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.)

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