

REC'D AUG 17 1939 **791**
Registration District No. **1003**

Primary Registration District No. _____

Registrar's No. **6096**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Central Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 55
years, months or days)

8. (a) PRINT FULL NAME Michael V. Brandon **653**
8. (b) If veteran, name war no
8. (c) Social Security No. no

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Rachel Brandon
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 13 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Kingston Jamaica B.W.I.
(City, town, or county) (State or foreign country)

10. Usual occupation Correspondent Clk

11. Industry or business Dunn & Bradstreet

MOTHER FATHER
12. Name George Brandon
13. Birthplace _____ B.W.I.
(City, town, or county) (State or foreign country)
14. Maiden name (unk)
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry W. Brandon
(b) Address 741 Interdrive

17. (a) BURIAL (b) Date thereof 7/11/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MICHAEL'S HEBREW

18. (a) Signature of funeral director [Signature]
(b) Address 4215 Meadbrook

19. (a) 1111 10 1939 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town UNIVERSITY CITY **NR**
(If outside city or town limits, write "RURAL")
(d) Street No. 741 Interdrive
(If rural, give location) 63
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 10
year 1939 hour 12 minute 54 AM.
21. I hereby certify that I attended the deceased from July 9, 1939, to July 10, 1939
that I last saw him alive on July 9, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Inguinal Hernia (epi. Ja.) Duration _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 4 inches of small intestine gangrenous. Re.
Of operations ectomized
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

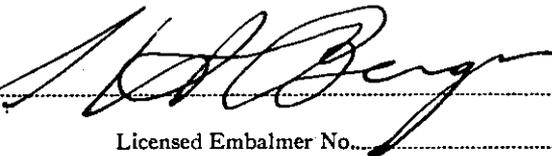
23. Signature John C. Brami (M. D. or other) MD
Address 4518 Washington Date signed July 10, 39

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.....



Licensed Embalmer No.....

P. O. Address.....

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.