

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31777**
Registrar's No. **8285**

FILED OCT 21 1942 318

Registration District No. _____ Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community 14 years years, months or days)

3. (a) PRINT FULL NAME Tom Brandon
3. (b) If veteran, -- 3. (c) Social Security No. --
name war _____ No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Brandon 6. (c) Age of husband or wife if alive abt. 70 years
7. Birth date of deceased Unknown about 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt. 70 - - - - - hr. min.

9. Birthplace Malvern Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation Janitor

MOTHER FATHER
12. Name Roger Brandon
13. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Martha Unavailable
15. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)
16. (a) Informant William T. Brandon
(b) Address 4954 West Pine Blvd.
17. (a) Burial (b) Date thereof 10-7-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis
19. (a) OCT 6 1942 (b) J. J. Purcell
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4954 West Pine
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 4,
year 1942 hour 2 minute 00 P. M.
21. I hereby certify that I attended the deceased from September 18,
19 42 October 4, 19 42
that I last saw him alive on October 4, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease with Decompensation
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration Unknown
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 A. E. Smith (M. D. or other)
Address 2601 N. W. Whittier Date signed 10/5/42

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.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed *James A. Johnson*

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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, fact should be so stated above.