

X32873

FILED MAR 15 1943 318

2114

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:
4954 West Pine Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

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 Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country. -- 0

3. (a) PRINT FULL NAME Frances Brandon

3. (b) If veteran, name war. ---

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th.
year 1943 hour 7:50 minute a. M.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Thomas Brandon

6. (c) Age of husband or wife if alive. --- years

7. Birth date of deceased. April 4th. 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
19... to March 4th. 19 43
that I last saw her alive on March 4th. 19 43
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

72 11 0 hr. min.

Immediate cause of death. Myocarditis from a long myocarditis 3 mths.

Due to.....

Due to.....

9. Birthplace. Holly Springs, Arkansas
(City, town, or county) (State or foreign country)

Other conditions. (Include pregnancy within 3 months of death)

72

10. Usual occupation Housewife

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER { 11. Industry or business.....

12. Name. Fleas Mohan

13. Birthplace. Holly Springs, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name. Mariah Unknown

15. Birthplace. Holly Springs, Arkansas
(City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy.....

16. (a) Informant. William T. Brandon

(b) Address. 4954 West Pine Blvd.

17. (a) Burial (b) Date thereof. 3-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

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. J. F. Breder (M. D. or other)

Address 11 North Jefferson Ave Date signed 3-5-43

18. (a) Signature of funeral director Chas. J. Gates

(b) Address. 4107 Finney Ave

19. (a) MAR 5 1943 (Date received local registrar)

J. F. Breder (Registrar's signature)

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

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.....

William C. McDowell

....., Registered Apprentice No.....

working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 N. Taylor 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.