V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 35078

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10447

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months 11 das (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 78

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9

(d) Street No. 1015 A South Compton
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Braxton

3. (b) If veteran, name war

3. (c) Social Security No. 487-22-9456

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 10th 1896 (Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days 19 If less than one day hr. min.

9. Birthplace unk (City, town, or county) Ala 1 (State or foreign country)

10. Usual occupation Car Cleaner

11. Industry or business Rail Road Co

FATHER
12. Name unk
13. Birthplace unk (City, town, or county) unk 9 (State or foreign country)

MOTHER
14. Maiden name unk
15. Birthplace unk (City, town, or county) unk 9 (State or foreign country)

16. (a) Informant Albert Eckel
(b) Address 3312 Hickory St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. T. Randle & Son
(b) Address 3132 Bell ave

19. (a) DEC 2 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1945 hour 1 minute 30P M.

21. I hereby certify that I attended the deceased from Sept. 20, 1945 to Nov. 29, 1945 that I last saw him alive on Nov. 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pyelonephritis - non-calculous	unk
Uremia	
Due to	
Due to	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

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

23. Signature Chas. T. Atkinson (M. D. or other)
Address 3001 N Whelan Date signed 12/1

(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, or by .....

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

working under my personal supervision.

Signed L. J. Watson

Licensed Embalmer No. 249 F

P. O. Address 2769 Chouteau

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.