

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County St Louis
(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. Philips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years years, months or days)

3. (a) PRINT FULL NAME Winfield Brandon

3. (b) If veteran, name war None 3. (c) Social Security No. 494-05-0721

4. Sex M 2 5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 4 1904
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 29 If less than one day
_____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Miss 1
(State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

- MOTHER FATHER { 12. Name John Brandon
13. Birthplace _____ (City, town, or county) Miss 1
(State or foreign country)
14. Maiden name Mariah Greenwood
15. Birthplace _____ (City, town, or county) Miss 1
(State or foreign country)

16. (a) Informant's own signature Mariah Brandon
(b) Address 2642 Spruce st
17. (a) Burial (b) Date thereof Aug 7-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood cen
18. (a) Signature of funeral director J W Hughes
(b) Address 2620 Lawton blvd
19. (a) AUG 4 - 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St Louis 17
(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No 2622 Lawton blvd 6
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd
year 1948 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death External Hemorrhage Duration
from multiple stabwounds of the body;
inflicted with knife in the hands of
Due to one, Isiah Saddler, Jr. Col.,
on a concrete platform of Terminal
Due to Railroad Association, 40 feet
south of Scott and Ohio, around
1:10 A.M. Aug. 3, 1948
Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings:
Of operations _____

- Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Aug. 3, 1948
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Industrial Place
(Specify type of place) Means of injury See Above
While at work _____
23. Signature [Signature] (M. D. or other)
Address [Address] 3 Date signed 8/3/48

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 Lyda Hughes
Licensed Embalmer No. 2938
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.