

FILED FEB 2 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2492
State File No. 186

318

1003

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>gas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		OR TOWN <u>17</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>HOMER G. PHILLIPS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>917 N. Spring</u>			
3. NAME OF DECEASED (Type or Print) <u>Oscar Brandon</u>		a. (First)		b. (Middle)		c. (Last) <u>Brandon</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23 1949</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>	
8. DATE OF BIRTH <u>abt 36</u>		9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Manassas Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>St Louis</u>	
13a. FATHER'S NAME <u>Andy Brandon</u>		13b. MOTHER'S MAIDEN NAME <u>Kat Brown</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis, Far Advanced</u>		DUPLICATE					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-21, 1949, to 1-23, 1949, that I last saw the deceased alive on 1-23, 1949, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Oscar L Daniels</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>2601 N Whittier</u>		23c. DATE SIGNED <u>1-24-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JAN 27 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Louis Cemetery</u>		24d. LOCATION <u>Manassas, Md</u>	
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DATE REC'D BY LOCAL REG. <u>JAN 27 1949</u>		REGISTRAR'S SIGNATURE <u>J B Foster</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J W. Hughes - Mrs. S. Foster</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Clark Young*

Licensed Embalmer No. *3371*

P. O. Address *St. Louis*

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.