

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42062**
10315

FILED DEC 18 1950

| | | | | | | | |
|---|--|--|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY ST LOUIS MO. | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MO. | | c. LENGTH OF STAY (in this place) 14 YRS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MO. | | 2119 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 44345 KENNERLY AVE | | | | d. STREET ADDRESS (If rural, give location) 4345 KENNERLY AVE. 0 | | | |
| 3. NAME OF DECEASED (Type or Print) WARREN | | a. (First) | | b. (Middle) BRAXTEE | | c. (Last) BRUNSON | |
| 4. DATE OF DEATH | | (Month) 12 | | (Day) 1 | | (Year) 50. | |
| 5. SEX male 2 | | 6. COLOR OR RACE NEGRO | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH OCT 14. 1896. | |
| 9. AGE (in years last birthday) 54. | | If UNDER 1 YEAR Months 1 | | Days 17. | | If UNDER 2 HRS. Hours _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) TEACHER & FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) MINERAL SPRING ARK. / | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME HILL BRUNSON. | | | 13b. MOTHER'S MAIDEN NAME ELIZA HILL. | | | 14. NAME OF HUSBAND OR WIFE SSOPHRONE BRUNSON. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS SOPHRONE BRUNSON. 4345 KENNERLY AVE. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis; Malnutrition DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 592X | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:40 P. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Patrick E. Taylor, 3rd Coroner | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 12-4-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE DEC 6th | | 24c. NAME OF CEMETERY OR CREMATORY washington PARK. | | 24d. LOCATION (City, town, or county) (State) ST LOUIS MO. | |
| DATE REC'D BY LOCAL DEC 4 1950 | | REGISTRAR'S SIGNATURE J. B. Jasater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PORTER FUNERAL HOME. 3028 DICKSON ST. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

H. Claude Gordon

Signed.....
Student Embalmer

Licensed Embalmer No. *3489*

P. O. Address *4575 Alder*

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.