

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

State File No. **22738**
Registrar's No. **5805**

FILED **JUL 2 - 1953** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 37 yrs.		d. STREET ADDRESS (If rural, give location) 4221 West Garfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Thomas c. (Last) Brandon			4. DATE OF DEATH (Month) (Day) (Year) June 8, 1953		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Jan. 24, 1895		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR: Months 4 Days 13	
IF UNDER 1 YEAR: Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Red Cap		10b. KIND OF BUSINESS OR INDUSTRY Municipal Air Port	
11. BIRTHPLACE (State or foreign country) Malvina, Arkansas			12. CITIZEN OF WHAT COUNTRY? U S A		

13a. FATHER'S NAME Thomas Brandon		13b. MOTHER'S MAIDEN NAME Frances Mayhan		14. NAME OF HUSBAND OR WIFE Ruth Brandon	
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. 493-05-4991		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Brandon, 4221 W. Garfield	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Appendicitis				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 Typhoid - Appendicitis			20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5500		

22. I hereby certify that I attended the deceased from **June 1, 1953**, to **June 8, 1953**, that I last saw the deceased alive on **June 8, 1953**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter G. Young		23b. ADDRESS 2337 Market		23c. DATE SIGNED 6-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/13/53		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery St. Louis Co., Missouri	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates		24f. ADDRESS 4107 Finney	

DATE REC'D BY LOCAL REG. **JUN 11 1953** REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.** (Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

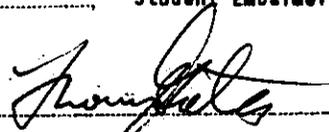
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.