

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37045

State File No.

FILED OCT 23 1953

9763

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

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) St. Louis, Missouri		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 1714 North 13th st.		f. (If rural, give location) 2269	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ROY c. (Last) BRADEN		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 13, 1953	
5. SEX male <input type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED, WIDOWED (Specify) Widowed	8. DATE OF BIRTH 9-9-1894
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machine operator	11. BIRTHPLACE (City and State or Foreign Country) Piggott, Ark.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Allen Ind.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John W. Braden		13b. MOTHER'S MAIDEN NAME Alice Rich		14. NAME OF HUSBAND OR WIFE Flossie Braden	
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. 492-89-6957		17. INFORMANT'S SIGNATURE OR NAME Floy Faulkner, 1716 N. 13th st.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stone-blend Syndrome		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) Arteriosclerotic heart disease		
	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? 4200

22. I hereby certify that I attended the deceased from 9-22-53, 19___, to 10-13-53, 19___, that I last saw the deceased alive on 10-13-53, 19___, and that death occurred at 4:40A m., from the causes and on the date stated above.

23a. SIGNATURE Robert B. Latimer	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 10-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-15-53	24c. NAME OF CEMETERY OR CREMATORY Rector, Ark.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. OCT 13 1953	REGISTRAR'S SIGNATURE K. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Irby F.H., Rector, Ark.	ADDRESS
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(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.....
Signature of Student Embalmer

Signed.....
L. Allen Davis

Licensed Embalmer No.....
108

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.