

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1955

State File No. **9388**
Registrar's No. **2220**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2220	
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 town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4242 Grace Avenue,				STREET ADDRESS (If rural, give location) 215 1/2 3 4242 Grace A ve.,			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Henry		c. (Last) Braden		4. DATE OF DEATH (Month) (Day) (Year) March 9 1955	
5. SEX M	6. COLOR OR RACE W	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec. 16, 1872		9. AGE (in years last birthday) 82	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Skiver		10b. KIND OF BUSINESS OR INDUSTRY Intl. Shoe Co.		11. BIRTHPLACE (City and State or Foreign Country) Ripley, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wiley Braden		13b. MOTHER'S MAIDEN NAME Aleatha Belt		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-01-7209		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Blankenship 4242 Grace 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis acute INTERVAL BETWEEN ONSET AND DEATH 1 hour ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 2 1/2 yrs. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None				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? 4201			
22. I hereby certify that I attended the deceased from May 1952 , to March 9, 1955 , that I last saw the deceased alive on March 9, 1955 , and that death occurred at 3:25P m., from the cause and on the date stated above.							
23a. SIGNATURE John S. Matthew		(Degree or title) _____		23b. ADDRESS 3707 Watson Rd		23c. DATE SIGNED 3-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Union City Tenn.		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. MAR 10 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.			

(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.....
Louis C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Du*

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.