

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23514

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5998

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St Louis</u> )		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA Home Philly Hosp</u>		STREET ADDRESS (If rural, give location) <u>11 2405 Coleman 211/2</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>HENRY</u>	b. (Middle)	c. (Last) <u>BRANDON</u>	<u>July 4 1955</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>2 Feb 1925</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Mechanical</u>	11. BIRTHPLACE (City and State; Foreign Country) <u>Ozama Arkansas U.S.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Brandon</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia Soggin</u>	14. NAME OF HUSBAND OR WIFE <u>NETTIE BRANDON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If not, state town) (If yes, give dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>870</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Lee Roby 2405 Coleman</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDICAL CERTIFICATION</u> <u>Gunshot wound of neck, with fracture of 7th cervical and 1st thoracic vertebrae, with severance of jugular veins (external hemorrhage), suffered when shot with shotgun in the hands of one Oscar Lee Robinson (Col.) in front of 423 South Leffingwell, about 10:23 P.M.</u>		INTERVAL BETWEEN ONSET AND DEATH
	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 <u>July 4, 1955. HOMICIDE.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, street, office, hldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo.</u>
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21d. TIME OF INJURY <u>July 4 55 10:23 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E981 X</u>
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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 \_\_\_\_\_, \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE (Print or title) <u>Patrick C. Taylor Coroner</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>7.12.55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12 July 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis CO Mo</u>
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DATE REC'D BY LOCAL REG. <u>JUL 12 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Reliable Funeral Hqs 1221 No Taylor</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Paul V. Freeman* .....

Licensed Embalmer No. *4685*

P. O. Address *4729 Hamm*

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.