

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42747

STATE FILE NUMBER

FILED DEC 18 1956

318

1003

10902

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|  |                                  |   |  |   |  |   |   |  |
|--|----------------------------------|---|--|---|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |                                  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                    | c. CITY OR TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>   |                                  |   | Length of stay in lb   | d. STREET ADDRESS <b>760 Aubert</b>   |  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |  |
| 3. NAME OF DECEASED (Type or print)<br><b>James Braggs</b>   |                                  |   |  | First <b>James</b>  | Middle   | Last <b>Braggs</b>  | 4. DATE OF DEATH<br>Month <b>11</b> Day <b>25</b> Year <b>56</b>                                  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>January 12, 1915</b>   |  | 9. AGE (In years last birthday)<br><b>41</b>  | IF UNDER 1 YEAR<br>Months <b>10</b> Days <b>13</b>  | IF UNDER 24 HRS.<br>Hours <b>13</b> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Chipper</b>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Commonwealth Steel</b>                               |   | 11. BIRTHPLACE (City and state or country)<br><b>Mississippi</b>               |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b>  |  |
| 13. FATHER'S NAME<br><b>Albert Braggs</b>  |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>? Jackson</b>  |  |   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  |   | 16. SOCIAL SECURITY NO.<br><b>?</b>  | 17. INFORMANT<br><b>Mrs. Estella Daniels</b> Address <b>2601 N. Whittier 5575 Vernon</b>                                    |  |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b>  |                                  |   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) _____ <b>443x</b>  |                                  |   |  |   |  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>Cardiac Insufficiency- Hypertensive Cardiovascular Disease<br/>Pyelonephritis- Infarction of Kidneys- Uremia</b> |                                  |   |  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |  |   |   |  |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____  |                                  |   |  |   |  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY  |   | STATE                                    |
| 21. I attended the deceased from <b>11-19-56</b> to <b>11-25-56</b> and last saw her alive on <b>11-25-56</b><br>Death occurred at <b>7:05 a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.                   |                                  |   |  |   |  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Hugh Waters, M. D.</b>  |                                  |   |  | 22b. ADDRESS<br><b>2601 N. Whittier</b>   |  | 22c. DATE SIGNED<br><b>11-28-56</b>   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                  | 23b. DATE<br><b>11/29/1956</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park Cemetery</b>                        |   | 23d. LOCATION (City, town, or county) (State)<br><b>Berkely City, Missouri</b> |   |   |  |
| 24. FUNERAL DIRECTOR<br><b>E. B. Horne</b> ADDRESS <b>1221 N. Grand</b>  |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>NOV 29 1956</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith MD</b>   |   |  |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

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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 *Melvin Blackburn*  
Licensed Embalmer No. *39*

P. O. Address *1221 W 9th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.