MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-026646
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6476

FILED JUL 25 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City # 1
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4475 West Belle Place
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Eddie Middle: L. Last: Brunson
4. DATE OF DEATH: Month 7 Day 7 Year 61
5. SEX: Male
6. COLOR OR RACE: Colored
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐: Single
8. DATE OF BIRTH: 4-24-08
9. AGE (last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Arkansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Andrew Brunson
13b. MOTHER'S MAIDEN NAME: Henrietta Macon
14. NAME OF HUSBAND OR WIFE: None
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.
17. INFORMANT: Beatrice Davis
Address: 3937 Delmar Bl vd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Brain abscess; Broncho Pneumonia; following
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) injuries suffered in altercation with Willie
DUE TO (c) Douglas (col) in vicinity of 2214 Chestnut Street, about 5:30 P.M., May 22, 1961.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Accusable Homicide
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above
20c. TIME OF INJURY: Hour 5:30 a.m. p.m. Month, Day, Year 5-22-61
983x
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
20f. CITY, TOWN, OR LOCATION: St Louis, Mo. COUNTY STATE
21. I attended the deceased from to and last saw her/him alive on
Death occurred at 8:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Paul J. Simon Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 7/12/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-14-61
23c. NAME OF CEMETERY OR CREMATORY: Father Dickson's Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis (County) Mo.
24. FUNERAL DIRECTOR: Ellis Funeral Home
ADDRESS: 2820 Stoddard St.
25. DATE REC'D BY LOCAL REG.: JUL 12 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Fulton E. Pulkin

Licensed Embalmer No. 4198

P. O. Address [illegible]

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.