

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-027569
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1924

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **JEFFERSON BARRACKS** Length of stay in 1b **47 DAYS**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MO** b. COUNTY **NONE**

c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **4156 ENRIGHT AVE.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **FRANK** Middle **BRANDON** Last **BRANDON**

4. DATE OF DEATH Month **JULY** Day **5** Year **1961**

5. SEX **MALE** 6. COLOR OR RACE **NEGRO** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **4-9-00** 9. AGE (last birthday) **61**

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) **JANITOR**

10b. KIND OF BUSINESS OR INDUSTRY **Scullin** 11. BIRTHPLACE (City and state or country) **CAVE SPRINGS, GEORGIA** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **FRANK BRANDON** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **NORA BRANDON**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WW I**

17. INFORMANT Address **LOUIS, MO.**
NORA BRANDON, WIFE, 4156 ENRIGHT, ST.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **ARTERIOSCLEROTIC HEART DISEASE** INTERVAL BETWEEN ONSET AND DEATH **20 YEARS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **PYLEONEPHRITIS, CHRONIC, DUE TO MIXED INFECTION-10 YRS.**

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **5-19-61** to **7-5-61** and last saw him **XXXXXX**
Death occurred at **3:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Emmett D. Wall, M.D.** (Degree or title) 22b. ADDRESS **VAH JEFFERSON BARRACKS, MISSOURI** 22c. DATE SIGNED **7-5-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7/11/61** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) (State) **Jefferson Bks., Mo.**

24. FUNERAL DIRECTOR ADDRESS **Charles J. Gates, 4107 Finney** 25. DATE RECD. BY LOCAL REG. **7-10-61** 26. REGISTRAR'S SIGNATURE **John C. Murphy, M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 7/2
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 Guyton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.