

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8610
Do not use this space.

1938 APR 11 1938

1. PLACE OF DEATH

(a) County..... 1 Registration District No. 791

(b) Township..... Primary Registration District No. 1003

(c) City St. Louis, Missouri (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jessie Brandon 655

(a) Residence, No. 4104 ENLIGHT apt. 1st. 19 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Male Brandon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1889

7. AGE YEARS 48 MONTHS 6 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 1

FATHER

13. NAME George Crawford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 1

MOTHER

15. MAIDEN NAME Catherine 3 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Mrs. Dany

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 3-5-38

19. FUNERAL DIRECTOR (ADDRESS) Manuel Smith 4059 Finney Ave

20. FILED MAR 4 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1-38

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1937, to 3-1, 1938. I last saw her alive on 3-1-38. Death is said to have occurred on the date stated above, at 7:30 a m. The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance: Intestinal Tuberculosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Dr. S. G. ... M. D. (Address)

STATEMENT BY LICENSED EMBALMER

I, William C McDowell, Licensed Embalmer No. 2114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.)