DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D OCT 14 1939 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31256

Registration District No. 1003 Primary Registration District No. Registrar's No. 8319

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~None~~ 4222 Childress
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")

(d) Street No. 4222 Childress Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Wiley Braden 635

3. (b) If veteran, name war ********** 3. (c) Social Security No. 498-07-6320

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate Braden 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 22 1870 (Month) (Day) (Year)

8. AGE: Years ~~69~~ 68 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Trunk Maker

11. Industry or business International Shoe Co

FATHER
12. Name Wiley Braden
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Altheia Belt
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kate Braden
(b) Address 4222 Childress Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Kenton Tenn

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) SEP 28 1939 (Date received local registrar) (b) J. B. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th. day September year 1939 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 20, 1939 to Sept 28, 1939; that I last saw him alive on Sept. 26, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury —

23. Signature [illegible] (M. D. or other)

Address 3600 S. Broadway Date signed 9/28 39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

50M-5-17-39
Rev. 5-17-39
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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Frank J Owen

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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 this body is not embalmed, above space should be left blank.