

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____ /
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G Phillins Hospital
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 21 days
 In this community Unknown (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Winfield Brendon 253

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 31 1907
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
32 0 1 hr. min.9. Birthplace Okland Tenn. (City, town, or county) (State or foreign country)10. Usual occupation Schauffer

11. Industry or business _____

12. Name Winfield Brendon /18. Birthplace Tenn. (City, town, or county) (State or foreign country)14. Maiden name Julia Russian /15. Birthplace Tenn. (City, town, or county) (State or foreign country)16. (a) Informant's own signature GEORGE BRENDON(b) Address 4287w Cote Brilliant17. (a) (Burial, cremation, or removal) _____ (b) Date thereof. 1/5/40
(Month) (Day) (Year)(c) Place: burial or cremation Memphis Tenn.18. (a) Signature of funeral director Dement & Son(b) Address 2631 Wash St.19. (a) JAN 4 1940 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____ /
 (c) City or town St Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3507 Franklin
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1940 hour 4:00 minute 55 A. M.21. I hereby certify that I attended the deceased from
December 11, 1939, to January 1, 1940;
that I last saw him alive on January 1, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Bronchopneumonia</u>	<u>5 das</u>
<u>Parenchymatous Neuro Ines</u>	<u>9 das</u>
<u>Due to: Luetic Encephalitis</u>	<u>Indef.</u>

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy Bronchopneumonia

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? _____

While at work? _____ (Specify type of place) (Means of injury)

23. Signature Dean Dement (M. D. or other)
Address 2001 E. Hittier Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by L. B. Boyer

Registered Apprentice No. Imply

working under my personal supervision.

Signed

L. B. Boyer

Licensed Embalmer No. 2946

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.