

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25597

FILED JUL 22 1952

State File No. _____

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 6462

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| 1. PLACE OF DEATH a. COUNTY <u>0</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>2184</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (In rural, give location) <u>402 So Montreal</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>Braden</u> c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1952</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Cauc</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u> | 8. DATE OF BIRTH <u>Not known abt 85 yrs</u> |
| 9. AGE (In years, last birthday) (Month) (Day) (Year) (Hours) (Min.) | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, when it retired) <u>Housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (City and State, or Foreign Country) <u>Braden Tenn U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>George Braden</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna ?</u> | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Janella Holliday</u> | | ADDRESS <u>402 Montreal</u> | |
| MEDICAL CERTIFICATION | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Mandible with Metastasis</u> ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>None</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>196x</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>6-27</u> , 19 <u>52</u> , to <u>6-29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-29</u> , 19 <u>52</u> , and that death occurred at <u>8:10p</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Wm. J. Reis</u> (Degree or title) <u>M. D.</u> | | 23b. ADDRESS <u>2601 N. Whittier St.</u> | |
| 23c. DATE SIGNED <u>6-30-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>7-5-52</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u> | | 24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u> | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. Earl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.P. Neal</u> ADDRESS <u>Und Co 4303 Delmar</u> | |

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

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
Student Embalmer

Signed Leroy W. Barnister

Licensed Embalmer No. 4523

P. O. Address 3850 Easton

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, fact should be so stated above.