

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1954

State File No. 42213

318

1003

Registrar's No. 10478

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G. Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>4054 N. Market</u>		<u>2119</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Willie</u>			a. (First)		b. (Middle)		c. (Last) <u>Brasher</u>		
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>16</u>		(Year) <u>54</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 24 1867</u>			
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months _____		IF UNDER 2 HRS. Days _____		IF UNDER 10 Min. Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Chestnut City, Ky</u>			
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <u>Andy Brasher</u>		13b. MOTHER'S MAIDEN NAME <u>?</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Brasher</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Annie Brasher</u>		ADDRESS <u>4054 N. Mkt</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stokes-Adams Syndrome (Heart Block)</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Gangrene of Left Foot</u>				<u>Undt.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
2'a. 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4330</u>					
22. I hereby certify that I attended the deceased from <u>11-1</u> , <u>1954</u> , to <u>11-16</u> , <u>1954</u> , that I last saw the deceased alive on <u>11-16</u> , <u>1954</u> , and that death occurred at <u>12:05 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Frank O. Richards</u> M.D.				23b. ADDRESS <u>2601 N. Whittier</u>				23c. DATE SIGNED <u>11-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park St. Louis Mo</u>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <u>NOV 17 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Rooney</u> ADDRESS <u>1221 N. Grand</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.....
Signature of Student Embalmer

Signed *Gayton Swan*.....
Licensed Embalmer No. *4580*.....

P. O. Address *1221st St*.....

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.