

FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9392**
1956

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS.		d. STREET ADDRESS (If rural, give location) 2925 SHERIDAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2937 SHERIDAN				d. STREET ADDRESS (If rural, give location) 2925 SHERIDAN			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIE			b. (Middle) BRAXTON			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) 2-26-55		5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 5-7-1924		9. AGE (In years; last birthday) 30		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAB		10b. KIND OF BUSINESS OR INDUSTRY SHAPROTRONCO.	
11. BIRTHPLACE (City and State or Foreign Country) WINTERVILL MISS.				12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME WILLIE BRAXTON		13b. MOTHER'S MAIDEN NAME MAMIE BRAXTON		14. NAME OF HUSBAND OR WIFE MARGRATE BRAXTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) YES (2)		16. SOCIAL SECURITY NO. 427-40-4567		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. MARGRATE BRAXTON 2925 SHIRDAN			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound (buckshot) of Skull with destruction of left frontal lobe of Brain; ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) suffered when shot with shotgun in hands of one Eddie Peoples, in hallway DUE TO (c) of home at 2937 Sheridan Ave., II. OTHER SIGNIFICANT CONDITIONS 7:49 A.M., Feb. 26, 1955. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Greenville HOMICIDE				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.		21f. HOW DID INJURY OCCUR See Above E981X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-26-55 8:45A.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:15A.M. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Joseph A. Quinn</i>		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3/2/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-4-55		24c. NAME OF CEMETERY OR CREMATORY William Chapel		24d. LOCATION (City, town, or county) (State) Lamont GREENVILL Miss.	
DATE REC'D BY LOCAL REG. MAR 2 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. McClendon 4535 WASHINGTON			

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

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4700 Hammett

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.