

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

XC-1 488 506  
Reg. 7548 SL-3256

State File No. **13147**

BIRTH NO. **FILED APR 28 1955** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3339**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		c. CITY OR TOWN <b>ST. LOUIS, MO.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>13 days</b>		STREET ADDRESS (If rural, give location) <b>21 1808 Cole Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROSCOE</b> b. (Middle) <b>L.</b> c. (Last) <b>BRAYFIELD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-13-55</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>6-29-1887</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Brayfield, Illinois</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Samuel Brayfield</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Elkins</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW-I</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hosp. Records, 915 N. Grand, St. Louis, Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of Right Femur (intertrochanteric)</b>		
ANTECEDENT CAUSES		<b>Generalized Arteriosclerosis; suffered in</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>fall when pushed by another patient</b>	
DUE TO (b) <b>at Jefferson Barracks Hospital (Veterans)</b>			
DUE TO (c) <b>on March 31, 1955.</b>			
II. OTHER SIGNIFICANT CONDITIONS		<b>ACCIDENT</b>	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>4-13-55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Fracture comminuted intertrochanteric right femur. Pericardial effusion &amp; pleural adhesions</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>See Above</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-31-55</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>See Above</b>

22. I hereby certify that I attended the deceased from **3-31-55**, 19\_\_\_, to **4-13-55**, 19\_\_\_, and that death occurred at **12:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph M. [Signature]</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>4/14/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>4-15-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>APR 14 1955</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Southern Funeral Home 6322 S. Grand Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 *David Van Fossom*

Licensed Embalmer No. *421*

P. O. Address *6322 So.*

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.