N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34647

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1002 Registered No. 8807

City St. Louis (No. 6833, Waldemar St. ..... Ward)

2. FULL NAME Phillip L. Branch

(a) Residence, No. 6833 Waldemar St., 4 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura Branch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 23 1852

7. AGE: YEARS 80 | MONTHS 11 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Electric Co.

10. Date deceased last worked at this occupation (month and year) 20 yrs ago.

11. Total time (years) spent in this occupation .....

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ivor Virginia

FATHER

13. NAME: Julian L. Branch

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Mildred Holt

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mildred Ecoff, 6833 Waldemar Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bellefontaine Cem DATE: Oct 11, 1933

19. UNDERTAKER (ADDRESS): Croghan Und Co. inc. 7146 Manchester Ave

20. FILED: OCT 10 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to Oct. 9, 1933

I last saw him alive on Oct. 8, 1933. Death is said to have occurred on the date stated above, at 12.30 A.m.

The principal cause of death and related causes of importance were as follows:

131 Chr. myocarditis — Date of onset ?

93C

Other contributory causes of importance: Chr. interstitial nephritis

0

Name of operation: none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Edwin P. Meiner, M. D.

(Address) 6600 Delmar Blvd.