

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

Do not use this space.

APR 25 1934

11122

File No. _____
Registered No. **2983**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St Louis** (No. **St Lukes Hospital**)

2. FULL NAME

Louise Brannon
(a) Residence, No. **946 Belt** St. **5** Ward.

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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Richard Brannon		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 - 1910		
7. AGE	YEARS 23	MONTHS 5
	DAYS 0	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Mt Vernon Illinois		
FATHER	13. NAME J. A. Wood	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Illinois	
MOTHER	15. MAIDEN NAME Myrtle Payne	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Kee nea Illinois	
17. INFORMANT (ADDRESS) Galwood 146 Belt		
18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Vernon Ill DATE 3-27-34		
19. UNDERTAKER (ADDRESS) Mrs Funeral Service Mt Vernon Ill		
20. FILED APR 25 1934 J. H. Bredbeck Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 24, 1934**
22. I HEREBY CERTIFY, That I attended deceased from **June 10, 1933**, to **March 24, 1934**
I last saw h. s. alive on **March 24, 1934** Death is said to have occurred on the date stated above, at **2:30 p.m.**
The principal cause of death and related causes of importance were as follows:

alkalamic leukemia
72A
90B
Other contributory causes of importance:
Prostateitis with effusion
Continued

Date of onset
March 1932
8 days

Name of operation **None** Date of _____
What test confirmed diagnosis? **laboratory** Was there an autopsy? **Yes**

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) **Walter Baumgartner**, M. D.
(Address) **3720 Washington Ave.**

view 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.

