

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

SEP 25 1935

27529

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton

Registration District No. 790
Primary Registration District No. 6-33A
(No. St. Louis County Hospital)

File No. _____
Registered No. 224
St. _____ Ward _____

2 FULL NAME Louis Branneky

(a) Residence, No. Robertson, Mo. R#1 St. _____ Ward _____
(Usual place of abode)

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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-22-10

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 8 10

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

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) 7/30/35 11. Total time (years) spent in this occupation 6 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pattersonville mo

13. NAME Louis Branneky

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pattawville mo

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Louis Branneky (ADDRESS) Pattawville, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Cem DATE 8/3 1935

19. UNDERTAKER Baumanny Bros Inc (ADDRESS) Owensland mo

20. FILED 8/7 1935 Dr. A. J. Squorella Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/1/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:30 AM

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

Automobile collision on St. Charles Rock road, taken to St. Louis County Hospital and pronounced dead.

Other contributory causes of death; Multiple lacerations and contusions on scalp and face complete severance of jugular vein

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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 OVER (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? _____
If so, specify _____

(Signed) Julius J. Timm, M. D.
(Address) 3718 Jennings St.,

Coroner Dr. J. M. Otto 8/1/35

also internal carotid on the right side. ~~Excess~~
Extra and subdural hemorrhage on the left side
of head. Secondary; Intra-cranial hemorrhage,
external hemorrhage and severance of jugular
vein, hemorrhage and shock. Complete exanguination.

Verdict of Jury; Owing to insufficient
evidence, open verdict.