

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Hackwood (No. 1)

Registration District No. 185
Primary Registration District No. 3037
City Hackwood Adams Ave. St. (Ward)

File No. 2918
Registered No. 4

2. FULL NAME

Frank P. Branch
(a) Residence, No. 319 E Adams 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Branch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 28 1868</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>1</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	11. Total time (years) spent in this occupation <u>3</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shoe Repairer</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>		
FATHER	13. NAME <u>Fredrick Branch</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	
	15. MAIDEN NAME <u>Christina Magenheimer</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	
	17. INFORMANT (ADDRESS) <u>Mrs Amelia Jobs 4521 Grand St. St. Louis Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Bethlehem</u> DATE <u>Jan. 14 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Travost & Co 2710 N Grand Blvd</u>		
20. FILED <u>1-11-1937</u> <u>Agnes Kelly</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1937

22. I HEREBY CERTIFY, That I attended deceased from September 11th 1936, to January 9th 1937
I last saw him alive on January 5th 1937. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Myocarditis Date of onset Jan 11th

Other contributory causes of importance:
Valvular disease of heart Date of onset Jan 11th

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Herold A. Johnson M. D.
(Address) 1216 E. Adams St. Hackwood

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.

