No. 2
1-4-41
-17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16582

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4100

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barnard Skin & Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin

(c) City or town Carlinville
(If outside city or town limits, write "RURAL")

(d) Street No. 303 Denby
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Henry Brannon

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie A.

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July (Month) 1 (Day) 1865 (Year)

8. AGE: Years 75 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Macoupin Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Brannon
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Sarah Unknown
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Minnie A. Brannon
(b) Address Carlinville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/14/41 (Month) (Day) (Year)
(c) Place: burial or cremation Chesterfield, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAY 15 1941 (Date received local registrar) (b) J. T. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1941 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Ether Anesthesia; during operation for sarcoma of right parotid gland; Chronic Nephrosclerosis with cystic degeneration, at Barnard Skin & Cancer Hospital, May

Due to

Due to 13, 1941, about 11:45 A.M.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 13, 1941
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 5/15/41

(Licensed Embalmer's Statement on Reverse Side)

5205

STATEMENT BY LICENSED E[illegible]

I hereby certify that the body whose name is recorded on the reverse side of this certificate [illegible] by me, or by.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Albert G Hoppe

Licensed Embalmer No. 291

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.