

FILED DEC 22 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: 1027 Sanford
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 1027 Sanford
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Ann Branham

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Palmer Branham 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 3 1888

8. AGE: Years 55 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Greenville, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Jacob Krein
13. Birthplace Prise, Germany (City, town, or county) (State or foreign country)
14. Maiden name Ann Frank
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Palmer Branham

(b) Address 1027 Sanford

17. (a) burial (b) Date thereof 12/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar St. Louis, Mo.

19. (a) DEC 6 1943 (Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th
year 1943 hour 8:35 minute P. M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Heart Disease
Due to
Due to
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
Signature Thomas F. Callahan (M.D. or other)
Deputy Coroner Date signed 12-6-43

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

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Clarence H. Murray
Registered Embalmer

STATEMENT BY LICENSED EMBALMER

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

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

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

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