

FILED OCT 31 1944
 Registration District No. 31944

Primary Registration District No. 6076

Registrar's No. 2013

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Ashbey & Thorp Aves. Berkeley Heights
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 5 mos
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Crawford
 (c) City or town Steelville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME PARTHENIA BRANSON
 (b) If veteran, name war NO
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 2nd
 year 1944 hour 3 minute _____ P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Thos. Jefferson Branson
 (c) Age of husband or wife if alive dec years
 7. Birth date of deceased October 19 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1-44
Oct 2-44 to Oct 2-44
 that I last saw her alive on Oct 1, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 11 13 _____ hr. _____ min.

Immediate cause of death
Apoplexy
W. on left side 2 hrs
 Due to _____

9. Birthplace Marys County, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation at home

Due to Hypertension ?
 Other conditions 8391
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name John A. Rogers
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Mildred Cummings
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ansley Branson
 (b) Address 5728 Devonshire
 17. (a) burial (b) Date thereof Oct. 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Westover, Mo.
 18. (a) Signature of funeral director Alexander & Sons
6175 Delmar Blvd., St. Louis
 (b) OCT 4 1944
 19. (a) _____ (b) E. S. McLauran M.D.
(Date received local registrar) (Registrar's signature) ema

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? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____
(Specify type of place) Means of injury _____
 23. Signature _____ (M. D. or other) _____
 Address 6204 W. Flanna Date signed Oct 4 44

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

96
13
1

Dr. E. M. Schmidt
6704 West Florissant
7-8 P.M.

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 jos. E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Delmar

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.