

FILED OCT 20 1944

318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 8557

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

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Marys Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0  
In this community abt 3 yrs  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 405 So Leffingwell  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Branscomb

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 496-18-2421

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years 47 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Porter

11. Industry or business Pulman Laundry

12. Name Galen Branscomb

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Suey Calhoun

15. Birthplace Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Branscomb

(b) Address Princeton Ark

17. (a) burial (b) Date thereof 9-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Atkinson

(b) Address 3644 Finney Ave  
19. (a) OCT 8 1944 (b) J. F. Bruesch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6  
year 47 hour 4:15 minute A M.  
21. I hereby certify that I attended the deceased from Sept. 10  
1944 to Oct 6 1944

that I last saw him alive on Oct 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Atherosclerosis

Due to III  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Gastric Ulcer  
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) \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_

23. Signature W. J. ... (M. D. or other) \_\_\_\_\_  
Address 2316 ... Date signed 10/7/44

**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

*Ronald V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

**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.**