

No. 2  
-5-43  
-17-39  
X36671

FILED FEB 3 1946  
318

State File No. ....

Registration District No. .... Primary Registration District No. 1003

Registrar's No. 844

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:  
4426a Athlone Ave.  
(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 Missouri (b) County..... 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 917

(d) Street No. 4426a Athlone Ave.  
(If rural, give location) 9

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME James C. Brannigan

3. (b) If veteran, name war.....

3. (c) Social Security No. 494-28-4023

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased: November 23 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>1</u>	<u>29</u>	hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Oil Service Station

MOTHER FATHER

12. Name Daniel Brannigan

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

14. Maiden name Alice Carbrey

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

16. (a) Informant Miss Alice Brannigan

(b) Address 4426a Athlone Ave.

17. (a) Burial (b) Date thereof 1-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) JAN 25 1946 (b) J. F. Bredbeck  
(Date received at local health office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22  
year 1946 hour 4 minute 30 p. M.

21. I hereby certify that I attended the deceased from Nov. 13 1945 to Jan 22 1946  
that I last saw him live on Jan 22 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 513-45

Due to Arteriosclerosis 513-45

Due to.....

Other conditions Patent had fracture of head of radius Mar 13 1945  
(Include pregnancy within 3 months of death)

Major findings: Fracture of radius

Of operations.....

Deceased had completely recovered from the cause of 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 Remond Dyme (M. D. or other) M.D.  
Address 3802 N Grand Date signed 1-23-46

Byrns

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

**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 Fred Frick

Licensed Embalmer No. 3186

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.**