

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38106**

FILED NOV 13 1946
Registration District No. **3249**

Primary Registration District No. **3063**

Registrar's No. **3249**

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Clayton, Mo.
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8824 Witzinger
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles Branea

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race wh

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased 10 5 03
(Month) (Day) (Year)

8. AGE:

Years 43 Months 1 Days _____
If less than one day hr. _____ min. _____

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

10. Usual occupation Moulder

11. Industry or business Walsh's Retractors

12. Name Joe Branea

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

14. Maiden name Edna C. Caterina

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

16. (a) Informant Patent

(b) Address 8824 Witzinger Rd. Brentwood

17. (a) Burial (b) Date thereof Nov. 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter's Church

18. (a) Signature of funeral director Jay B. Smith

(b) Address 74 S. Washington St.

19. (a) 11-8-46 (b) Edna Branea
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th
year 1946 hour 8 minute 30 a. M.

21. I hereby certify that I attended the deceased from October 30th 1946 to Nov. 5th 1946
that I last saw him alive on Nov. 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Generalized peritonitis
Due to Ruptured gastric ulcer
Due to _____
Other conditions Paralytic ileus
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy none
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) (c) Means of injury ()
23. Signature John Coffey MD (M. D. or other) _____
Address _____ Date signed _____

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 3454

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.