

S. No. 2
OM-5-43
v. 5-17-39
I X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42181

State File No. _____

10446

Registrar's No. _____

Registration District No. **318** Primary Registration District No. _____

1005

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:
Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**

(c) City or town Ferguson
(If outside city or town limits, write "RURAL") **NR 10**

(d) Street No. Box 1034 Route 10
(If rural, give location) **NR 2**

(e) Citizen of foreign country? No (Yes or No) **1**

If yes, name country _____

3. (a) PRINT FULL NAME Robert John Bransa

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nelson G. Bransa

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January 13, 1884
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th
year 1946 hour 12⁰⁰ minute 0 M.

21. I hereby certify that I attended the deceased from November 22, 1946, to December 5th, 1946,
that I last saw him alive on December 5th, 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Laennec's cirrhosis

Due to _____

Due to _____ **124**

Other conditions esophageal varices
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy as above

11. Industry or business _____

MOTHER FATHER {

12. Name Don't know

13. Birthplace Don't know
(City, town, or county) (State or foreign country) **4**

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country) **4**

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 _____ **0**

16. (a) Informant Mrs. Nelson G. Bransa

(b) Address Ferguson, Missouri

17. (a) Burial (b) Date thereof 12-7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellevue Home Cemetery

18. (a) Signature of funeral director Geo. L. Plitack Inc.

(b) Address 5946-68 Eastern Avenue

19. (a) DEC 6 1946 (Date recorded on Registry)

J. F. Bredeek (Registrar's signature)

23. Signature JR Prudley (M. D. or other) **0**

Address Barnes Hospital Date signed 12/5/46

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

40991

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.....

Rex E Campbell

Licensed Embalmer No.....

3881

P. O. Address.....

W Sains, 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.