

3. No. 2  
-12-45  
5-17-39  
I X47070

State File No. \_\_\_\_\_  
Registrar's No. **5606**

**FILED JUN 14 1947**  
**518**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**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:  
4241 Clay 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

**3. (a) PRINT FULL NAME** William Branam

**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_

**4. Male** 2 **5. Color or** \_\_\_\_\_ **6. (a) Single, widowed, married,** \_\_\_\_\_  
race White divorced Widower

**6. (b) Name of husband or wife** Frances **6. (c) Age of husband or wife if** \_\_\_\_\_  
Mary Branam nee Wagner alive \_\_\_\_\_ years

**7. Birth date of deceased** July 10, 1874  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>72</u>	<u>10</u>	<u>26</u>	_____ hr. _____ min.

**9. Birthplace** Mildheim, Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Furrier

**11. Industry or business**

**12. Name** George Branam

**13. Birthplace** Mildheim, Mo.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Emma Hildebrandt

**15. Birthplace** Mildheim, Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Henry F. Branam

**(b) Address** 4241 Clay Ave

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** 6/9/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Calvary Cemetery

**18. (a) Signature of funeral director** Math Hermann & Son, Inc

**(b) Address** 2161 East Fair Ave

**19. (a) JUN 6 1947** **(b)** \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 020

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17

(d) Street No. 4241 Clay Ave  
10 (If rural, give location) 9

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 5th  
year 1947 hour 1:30 PM minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** Apr 9, 1947 **19.** \_\_\_\_\_ **to** June 4, 1947  
that I last saw h.l.m. alive on June 4, 1947  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Coma - uremia **Duration** 2 days

**Due to** Carcinoma of sigmoid part of bowel **6 mo. +**

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** Cancer of large intestine - metastatic to liver

**Of operations** \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

**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? \_\_\_\_\_

**23. Signature** H.A. Uhlemeyer (M. D. or other) M.D.

**Address** 4362 Waverly **Date signed** 6/7/47

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

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

MOTHER FATHER

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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

*Gustav W. Dittel*

Licensed Embalmer No.

*4379*

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.