

S. No. 2
OM-5-43
v. 5-17-39
I X36671

28877

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 8 1947 318

1003

Registrar's No. 8262

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Alexian Bros. Hospital
(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 PHILIP E. BRANNAN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Lucy Brannan 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 15-1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

88	2	12	hr. min.
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9. Birthplace Pike County, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business

12. Name (Unknown) Brannan

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

14. Maiden name Unknown

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

16. (a) Informant William E. Brannan

(b) Address 3901 Delor Street

17. (a) Burial (b) Date thereof Aug. 30-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Model

(b) Address 1926 Allen Avenue

19. (a) AUG 29 1947 (Date received local registrar) J. F. Brudeck (Registrar's signature)

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. 3901 Delor Street
75 (If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th
year 1947 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from August 22, 1947 to August 27, 1947
that I last saw him alive on August 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Shock due to lobar pneumonia 1 day

Due to Chronic Myocarditis

Due to Arterio-sclerosis

Other conditions (Include those within 3 months of death) 186

Major findings: Of operations 18

Of autopsy 18

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) Free Fall

(b) Date of occurrence Aug 27/47

(c) Where did injury occur? 3901 Delor St.
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Occurred at home
(Specify type of place)

While at work? no (e) Means of injury Fall down at window

23. Signature J. F. Brudeck (M. D. or other) Aug 28 1947
Address 3014 Jefferson Date signed Aug 28 1947

(Licensed Embalmer's Statement on Reverse Side)

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

5216
11 APR - 1951
J. L. Duncan

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.....

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

Signed Benj. L. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.