. S. No. 2
DM—1/47
rv. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39469

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 10524

1. PLACE OF DEATH:
(a) County
(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: DePaul Hospital. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 4844 Hammett Pl. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertram Branson.
3. (b) If veteran, name war None.
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, divorced Married
6. (b) Name of husband or wife Mary Branson.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 26, 1880. (Month) (Day) (Year)
8. AGE: Years 67 | Months 2 | Days 17 | If less than one day hr. min.
9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name William Branson
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Gery
15. Birthplace Chicago Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Mary Branson
(b) Address 4844 Hammett Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director
(b) Address 1389 Union Blv'd.
19. (a) NOV 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13. year 1947, hour 9 minute 20 A. M.
21. I hereby certify that I attended the deceased from Nov 10, 1947 to Nov 13, 1947 that I last saw him alive on Nov 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Subarachnoid basilar cerebral haemorrhage	3 days
Due to general arteriosclerosis	2
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address 1117 N Grand Date signed 11/14/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Campbell

Licensed Embalmer No. 3081 38

P. O. Address.....

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.