. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40483

FILED NOV 25 1947

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 2-3-39

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch (rural) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 241 days (Specify whether

In this community 10½ years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County odo

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

(d) Street No. 3824 Westminister (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME BRANNUM, LOYD LEO

3. (b) If veteran, name war

3. (c) Social Security No. 488-30-8343

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nellie Mae Hooss Brannum

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

7. Birth date of deceased May (Month) 22 (Day) 1928 (Year)

8. AGE:

Years	Months	Days	If less than one day
19	5	19	hr. min.

9. Birthplace Poplar Bluff (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Refrigeration work

11. Industry or business

FATHER

12. Name Arthur Brannum

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

MOTHER

14. Maiden name Olive Marie Brown

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

16. (a) Informant Hospital Records

(b) Address Robert Koch Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director JOS. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) 11-12-47 (Date received local registrar) (b) Cecilia J. Sharp MD MSc (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10 year 1947 hour 12 minute 58 P.M.

21. I hereby certify that I attended the deceased from 3-14- 1947, to 11-10- 1947 that I last saw him alive on 11-10- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	1½ yrs. (??)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Left Tbc. Empyema	

13 b

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 Edward Gehl (M. D. or other)

Address Robert Koch Hospital Date signed 11-10-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1948

DEC 9 1947

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 George J. Archambau

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan

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.