No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2308 749

FILED JAN 30 1948

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

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 Homer G. Phillips Hosp. (If not in hospital or institution, write street number or location)

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

In this community 20 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town ST Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1908 Carr St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MATTie BRANCH

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 7 (Month) 28 (Day) 1895 (Year)

8. AGE: Years 52 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Lee County Ark. (City, town, or county) (State or foreign country)

10. Usual occupation House Work.

11. Industry or business

MOTHER FATHER

12. Name John Billups

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

14. Maiden name Francis Battie

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

16. (a) Informant Henry Branch

(b) Address 1908 Carr St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bernice Love

(b) Address 3103 Washington

19. (a) JAN 24 1948 (Date received local registrar) J. F. Brabeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1948 hour 1 minute 45 M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Myo Neoplasm	
Due to	
Other conditions (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 Date signed 1/23/48

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

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

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.