

FILED JAN 30 1948

Registration District No. ....

Primary Registration District No. **1003**

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

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:  
**6212 West Park 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

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

(d) Street No..... **6212 West Park Ave.** **9**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
**0**

If yes, name country.....

3. (a) PRINT FULL NAME..... **Amy Jane Brannon**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. .... **None**

4. Sex..... **Female** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widow 2**

6. (b) Name of husband or wife..... **Perry Brannon**

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

7. Birth date of deceased..... **June 19 1876**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>6</b>	<b>27</b>	.....hr. ....min.

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

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **Frank Shotwell** **9**

13. Birthplace..... **Unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown Hood** **9**

15. Birthplace..... **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **D. D. Phillips**

(b) Address..... **6212 West Park Ave.**

17. (a) **Burial** (b) Date thereof..... **1-18-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Fredericktown, Mo.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Blvd.**

19. (a) **JAN 17 1948** (b) **J. J. Bredbeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Jan.** day..... **16**  
year..... **1948** hour..... **5** minute..... **00** A. M.

21. I hereby certify that I attended the deceased from..... **June 10**  
....., 19**47**, to..... **Jan 16**....., 19**48**  
that I last saw h...e... alive on..... **Jan 17**....., 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Thrombosis** **10 min**

Due to..... **Coronary arteriosclerosis** **5 yrs.**

Due to.....

Other conditions..... **AH**  
(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..... **0**

23. Signature..... **Michael Sulick** (M. D. or other)

Address..... **2319 Brentwood Blvd** Date signed..... **1-16-48**

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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.....

*J. W. Wilkinson*

Licensed Embalmer No.....

3575

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.