FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3456

Registration District No. 3/2 — Primary Registration District No. 6076 — Registrar's No. 84

1. PLACE OF DEATH:
(a) County: St Louis, M
(b) City or town: Jefferson Barracks, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 months (Specify whether years, months or days)
In this community: 2 months

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

3. (a) PRINT FULL NAME: BRANNON, William D.
3. (b) If veteran, name war: WW-2
3. (c) Social Security No.: 329126606

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 16 (Month) 1907 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	4	24	hr. min.

9. Birthplace: Equality, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Miner
11. Industry or business:
FATHER
12. Name: Albert Brannon
13. Birthplace: Equality, Ill (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Minnie McClaine
15. Birthplace: Equality, Ill (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: VAH Jeff Brks, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Equality, Illinois
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) 1-16-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9 year 1948 hour 5 minute 36P M.
21. I hereby certify that I attended the deceased from November 5, 1947, to January 9, 1948; that I last saw him alive on January 9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Embolus	
Contributary cause:	
Pneumonectomy 1/9/48	
Due to: Abscess of lung	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 1142	
Of autopsy: none	

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: L E Stilwell (M. D. or Coroner)
L E Stilwell
Address: Jefferson Barracks, Mo Date signed: 1/10/47

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

JAN 16 1948

JAN 1 9 1948

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 John S. Lemmehy

Licensed Embalmer No. 4194

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.

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

CERTIFIED TRUE COPY

Registration District No. 317 — Primary Registration District No. 6076 — State File No. 7ut — Registrar's No. 84

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jefferson Barracks, Mo. (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 2 months (Specify whether years, months or days)

In this community: 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: Gallatin

(c) City or town: Equality (If outside city or town limits, write "RURAL")

(d) Street No.: -- (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: BRANNON, William D.

3. (b) If veteran, name war: WW-2

3. (c) Social Security No.: 329126606

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, divorced: Single

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: August (Month) 16 (Day) [illegible] (Year)

8. AGE: Years 40 | Months 4 | Days 24 | If less than one day: hr. min.

9. Birthplace: Equality, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: Miner

11. Industry or business:

FATHER

12. Name: Albert Brannon

13. Birthplace: Equality, Illinois. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Minnie McClaine

15. Birthplace: Equality, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Registrar

(b) Address: VAH Jeff. Brks. Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 1-10-48 (Month) (Day) (Year)

(c) Place: burial or cremation: EQUALITY, ILL.

18. (a) Signature of funeral director: Hoppe Fu. Home

(b) Address: 4700 Washington Ave. St. L. Mo.

19. (a) 1-10-48 (Date received local registrar) (b) Carl A. Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 9 year: 1948 hour: 5:36 minute: P. M.

21. I hereby certify that I attended the deceased from November 5, 1947 to January 9, 1948 that I last saw him alive on January 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBRAL EMBOLUS

~~Contributary Cause~~

~~Due to~~ Contributary Cause: PNEUMONECTOMY

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Pneumonectomy 1/9/48

Chronic Lung Abscess

Of autopsy: No Autopsy performed

Duration

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): None

(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: L. E. Stilwell (M. D. or other)

Address: Jefferson Barracks, Mo. Date signed: 1/10/48

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

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

1948
S-3456

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 Elmo. R. Cadwell

Licensed Embalmer No. 4077

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.