

S. No. 300
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 277

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14835

Primary Registration District No. 3063

Registrar's No. 966

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton

(c) Name of hospital or institution: St. Louis County Hospital

(d) Length of stay: In hospital or institution _____

In this community _____

3: (a) PRINT FULL NAME Cagale W. Branscum

3. (b) If veteran, name war No

3. (c) Social Security No. 497-03-1550

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ellen Branscum

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased May 21 1900

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>10</u>	<u>22</u>	hr. _____ min.

9. Birthplace Fox Arkansas

10. Usual occupation Foreman

11. Industry or business St. Louis Cooperage Co.

12. Name Aron Branscum

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Mrs. Ellen Branscum

(b) Address Troy, Missouri

17. (a) Removal (b) Date thereof 4-15-48

(c) Place: burial or cremation Mountain View, Mo.

18. (a) Signature of funeral director McCoy Funeral Home.

(b) Address Troy, Missouri.

19. (a) 4-15-48 (b) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Troy

(d) Street No. _____

(e) Citizen of foreign country? _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death traumatic injuries of chest, suffered while driving an automobile which collided with a ~~xxx~~ truck at the intersection of Highway 50 and County Road C, St. ~~xxx~~ Louis County, Missouri.

Other conditions _____

Major findings: Of operations 170-C8

Of autopsy 2, 2, 2

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence April 13, 1948

(c) Where did injury occur? St. Louis County, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road

While at work? _____

23. Signature Ronald J. Willmann Address Clayton, Mo.

Duration _____

Underline the cause to which death should be charged statistically.

MAY 6 1953

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. Denny
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.