

No. 300  
-10-47  
5-17-39  
PI 3908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20690  
State File No. 5318  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Little Sisters of Poor 5  
(d) Length of stay: In hospital or institution 3-months  
In this community 3-years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County mad  
(c) City or town St. Louis 17  
(d) Street No. 3225 N. Florissant Ave. 9  
(e) Citizen of foreign country? 0  
If yes, name country.

3: (a) PRINT FULL NAME Emma Brannan  
3. (b) If veteran, name war. 3. (c) Social Security No.  
4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced. W. 9  
6. (b) Name of husband or wife Charles Brannan 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 11th., 1883

8. AGE: Years 65 Months 1 Days 27 If less than one day

9. Birthplace Pa. 1  
Usual occupation Housekeeper

11. Industry or business  
12. Name Charles Terrall  
13. Birthplace Pa. 1  
14. Maiden name Rose McKeane  
15. Birthplace Pa. 1

16. (a) Informant Sister Jeane  
(b) Address 3225 N. Florissant Ave.  
17. (a) Burial (b) Date thereof 6-11-48  
(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Arthur J. Donnell  
(b) Address 3840 Lindell Blvd.  
19. (a) JUN 11 1948 (Date received local registrar) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June 11 day 8th., 1948 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from June 2, 1948 to June 8, 1948  
that I last saw her alive on June 7, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Apoplexy  
Cardio-vascular general  
Due to DISTASTE  
Duration 6 days

Other conditions None  
Major findings: Of operations None  
Of autopsy None  
PHYSICIAN  
Underline the cause to 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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature Bernard J. Kelly (M.D. or other) While at work (Specify type of place) (c) Means of injury  
Address 2435 N. Grand Blvd. Date signed 6-9-48

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

MOTHER FATHER

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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 W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**