S. No. 300
Rev. 10.48

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43176

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2995

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAGEDALE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1334 COLBY AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MO
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAGEDALE 6280
d. STREET ADDRESS (If rural, give location): 1334 COLBY AVE

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): WOODRUFF
c. (Last): BRANSON

4. DATE OF DEATH (Month) (Day) (Year): DEC 11 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct. 28th 1879
9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRINTER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): MO
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: CHAS BRANSON
13b. MOTHER'S MAIDEN NAME: KATHERINE COCHRAN
14. NAME OF HUSBAND OR WIFE: JOSEPHINE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Josephine Branson
ADDRESS: 1334 Colby Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-23, 1950, *to* 12-11, 1950, *that I last saw the deceased alive on* 12/11, 1950, *and that death occurred at* 330 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hayden M. D.
23b. ADDRESS: 5899 Delmar
23c. DATE SIGNED: 12/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC 13-1950
24c. NAME OF CEMETERY OR CREMATORY: ST. PETERS CEM
24d. LOCATION (City, town, or county) (State): ST. LOUIS CO. MO

DATE REC'D BY LOCAL REG.: 12/12/50
REGISTRAR'S SIGNATURE: Herbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Mullen Und Co
ADDRESS: 5165 Delmar Blv.

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Hayden F. Fr.
5899 Delaware,

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St Louis

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.