

STANDARD CERTIFICATE OF DEATH

REC APR 19 1952

BIRTH NO. 23344 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 73

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

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES	
c. LENGTH OF STAY (in this place) 1 da.			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		d. STREET ADDRESS (If rural, give location) 325 MORGAN	

3. NAME OF DECEASED (Type or Print)	a. (First) DENNIS	b. (Middle) DALE	c. (Last) BRANSCUM	4. DATE OF DEATH (Month) (Day) (Year) APRIL 13 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 12, 1952	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Days 15	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) St. Charles, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME THERLO BRANSCUM	13b. MOTHER'S MAIDEN NAME DOLORES SINGLETON	14. NAME OF HUSBAND OR WIFE --
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Nil	17. INFORMANT'S SIGNATURE OR NAME Therlo Branscum (Father)	ADDRESS St. Charles, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Postnatal Pulmonary atelectasis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Premature - 2 months</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7635	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Apr 12, 1952 to Apr 13, 1952, that I last saw the deceased alive on Apr 13, 1952, and that death occurred at 5-38 P.M., from the causes and on the date stated above.

23a. SIGNATURE Vincent A. Schmeider MD (Degree or title)	23b. ADDRESS St. Charles, Mo	23c. DATE SIGNED 4/14/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 14, 1952	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.	24d. LOCATION (City, town, or county) (State) St. Charles, Mo.
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DATE REC'D BY LOCAL REG. 4-14-52	REGISTRAR'S SIGNATURE <i>Hannie Hamilton</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H.C. DALLMEYER & SONS</i>	ADDRESS ST. CHARLES, MO.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Herbert C. Bellmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo.

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.