

Health, Welfare
Public
Service

30-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35296

STATE FILE NUMBER

FILED NOV 16 1956

Registration District No. **318** Primary Registration District **1003** Registrar's No. **9802**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital #1			Length of stay in lb		d. STREET ADDRESS 1917 HAMILTON		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMETT Middle PHILLIP Last BRANSON				4. DATE OF DEATH Month OCT. Day 25, Year 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH APR. 16, 1921		9. AGE (In years last birthday) 35	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY DAIRY		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME BERTRAM BRANSON				14. MOTHER'S MAIDEN NAME MARY HAYES			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WORLD WAR II		16. SOCIAL SECURITY NO. 499-12-9522		17. INFORMANT Address THOMAS BRANSON 6911 PINE RIDGE			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of skull & throat							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause* (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		E981x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. Describe briefly and accurately the manner in which death occurred Shots of one, Kenneth Phillip Branson in yard in rear of house at 5952 Lotus Ave., about 12:15am, Oct 25, 1956					
20c. TIME OF INJURY Hour 12:15 Month, Day, Year 10 25 56		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) yard		20f. CITY, TOWN OR LOCATION St Louis Mo		COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1240 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 10-26-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-27-56	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS STROOT CARROLL 4600 NAT. BRIDGE				25. DATE RECD. BY LOCAL REG. OCT 26 1956		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. 3.6	

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.....
Signature of Student Embalmer

Signed *M. W. Ruetter*

Licensed Embalmer No. *48*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.