

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041590

FILED VS DEC 11 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's **211137**

UNRECORDED

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, MO.		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 915 N. Market St.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CARL BRANCH				4. DATE OF DEATH Month Day Year NOVEMBER 29, 1959			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		8. DATE OF BIRTH 8-18-1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown			10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY Unknown
13a. FATHER'S NAME William Branch			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Marie Rothwell 4140 Lindell		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY CONGESTION + EDEMA							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC LUNG DISEASE							
DUE TO (c) POST. OP. RT. PNEUMONECTOMY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA RT. LUNG							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1025A		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from NOV. 28, 1959 to NOV. 29, 1959 and last saw her him alive on NOV. 29, 1959 Death occurred at 5:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James F. Egan (Degree or title) M.D.			22b. ADDRESS 1515 LAFAYETTE			22c. DATE SIGNED 11/29/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/2/59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis Missouri			(State)
24. FUNERAL DIRECTOR ADDRESS C.W. Roberts Und. Co 1416 N. Taylor Ave		25. DATE RECD. BY LOCAL REG. DEC 1 1959		26. REGISTRAR'S SIGNATURE Loan Smith, M.D. mgs.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 James F. Bayle

Licensed Embalmer No. 8768

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