MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-007079
STATE FILE NUMBER

AMENDED ✓ FILED VS MAR 2 1961

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 513

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b: 2 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Overland — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3201 Royalton Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First James Middle Thomas Last Branham
4. DATE OF DEATH: Month 2 Day 19 Year 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-28-1904
9. AGE (last birthday): 56
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Butcher
11. BIRTHPLACE (City and state or country): Cotter Arkansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Branham
13b. MOTHER'S MAIDEN NAME: Savage
14. NAME OF HUSBAND OR WIFE: Viola Banham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
17. INFORMANT: Viola Branham-3201 Royalton Address Overland 14

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Exsanguination — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Massive Pulmonary hemorrhage
DUE TO (c) Far advanced pulmonary tuberculosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fungating Carcinoma of esophagus.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 2-6-1961, to 2-19-1961 and last saw ~~her~~ him alive on 2-19-1961
Death occurred at 9:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Albert L. Howe (Degree or title) M.D.
22b. ADDRESS 601 S. Brentwood, Clayton
22c. DATE SIGNED 2/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-23-1961
23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery
23d. LOCATION (City, town, or county) St. Ann (State) Missouri
24. FUNERAL DIRECTOR AND ADDRESS BAUMANN BROS. INC. FUNERAL HOME 2504 WOODSON ROAD OVERLAND 14, MISSOURI (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG. 2-21-61
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAR 25 1966

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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland,

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.