

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

FILED MAY 10 1961

DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

1. PLACE OF DEATH
a. COUNTY St. Louis Mo
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo Length of stay in 1b _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital 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 Venita Park Mo Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 2320 Yeomen St Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Gerald (Jerry) Branch
4. DATE OF DEATH Month Day Year
4 29 61

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 8-5-42 9. AGE (last birthday) 18 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Ark. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Branch, Bill 13b. MOTHER'S MAIDEN NAME Shear, Pauline 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None 17. INFORMANT Joel McCrary 2320 Yeoman Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Focal peritonitis,
DUE TO (b) _____
DUE TO (c) 576x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paraplegia + decubitus ulcer
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 April 1, 1961 to April 29, 61 and last saw him alive on April 28, 1961
Death occurred at April 29, 1961 5 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James Sheehy M.D. 22b. ADDRESS Firmin Desloge Hospital, St. Louis 22c. DATE SIGNED 5/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4-2-61 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS J.W.Clark F.H.1125 lodiamont Ave 25. DATE RECD. BY LOCAL REG. MAY 1 1961 26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

Specified cause of death "Infernal" as yet DOCUMENT

MEDICAL CERTIFICATION

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 Elmer R Cadwell

Licensed Embalmer No. 4077

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.