MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-026620
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7218

FILED AUG 8 1961

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3022 Vine Grove
Reside on Farm Yes ☐ No ☐

DATE AMENDED 09

3. NAME OF DECEASED (Type or print) First Mary Middle Branch Last
4. DATE OF DEATH Month 7 Day 29 Year 61
5. SEX Female
6. COLOR OR RACE Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 7 1895
9. AGE (last birthday) 66
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) Domestic
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (City and state or country) Bermuda Ala
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Aaron Lowry
13b. MOTHER'S MAIDEN NAME Emmely
14. NAME OF HUSBAND OR WIFE Rev. Rufus Branch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT Rev Rufus Branch
Address 3022 Vine Grove

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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 5 years duration
DUE TO (c) 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 3-24-58 to 7-22-61 and last saw her alive on 7-22-61
Death occurred at 3022 Vinegrove 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Cadwallader J. Gaffney (Degree or title) M.D.
22b. ADDRESS J. GAFFNEY, M. D. 2816 N. KINGSHIGHWAY ST. LOUIS 13, MO.
22c. DATE SIGNED 8-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-5-61
23c. NAME OF CEMETERY OR CREMATORY Hathn Dickson
23d. LOCATION (City, town, or county) Webster Grove (State) MO

24. FUNERAL DIRECTOR A H Burks
ADDRESS 3901 Ashland
25. DATE RECD. BY LOCAL REG. AUG 3 1961
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF
BY AFFIDAVIT OF DOCUMENT

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 Leroy Bannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

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.