

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038333

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10430**

STATE FILE NUMBER

| | | | |
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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 10 days | c. CITY OR TOWN Overland |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 9228 Arline Ave., |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Paul Middle Pearl Last Brannan | | | 4. DATE OF DEATH Month Nov. Day 7 Year 1961 | | |
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| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-29-20 | 9. AGE (last birthday) 40 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman | 10b. KIND OF BUSINESS OR INDUSTRY Western Auto Sup | 11. BIRTHPLACE (City and state or country) Tulsa, Oklahoma | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME John Brannan | 13b. MOTHER'S MAIDEN NAME Dorothy Dobbs. | 14. NAME OF HUSBAND OR WIFE Iva L. Brannan |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW #2 | 17. INFORMANT Iva L. Brannan-9228 Arline Ave., | Address Overland 14 |
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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 1 wk |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rupture of Basilar artery aneurysm | | 10 yrs |
| DUE TO (c) 330x | | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) |
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| 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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from 1954 to 11-7-61 and last saw her/him alive on 11-7-61 Death occurred at 5:45 PM on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) W. S. Kettinger MD | 22b. ADDRESS 950 Francis Rd | 22c. DATE SIGNED 11-9-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 11-10-1961 | 23c. NAME OF CEMETERY OR CREMATORY St. Trinity Luth. Cem. | 23d. LOCATION (City, town, or county) (State) Le May, Missouri |
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| 24. FUNERAL DIRECTOR Baumann Bros. Inc. 2504 Woodson Rd. Overland 14, Mo. | 25. DATE RECD. BY LOCAL REG. NOV 9 1961 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |
|---|---|--|

DATE AMENDED

INS LEAD OF

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

David C. Gibson

Licensed Embalmer No.

3452

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.