

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 9 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City ST. LOUIS (No. 6607, So BOWAY St. Ward)

File No. **10842**
Registered No. **2465**

2. FULL NAME FRED BRANNAKER

(a) Residence; No. 6607 So. BOWAY St., 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>PEARL BRANNAKER</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB 1 - 1881</u>				
7. AGE YEARS <u>54</u>	MONTHS <u>1</u>	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>LADDER</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>OOD JOBS</u>				
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....				

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, Mo

13. NAME FRED BRANNAKER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, Mo

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT PEARL BRANNAKER (ADDRESS) 6607 So BOWAY

18. BURIAL, CREMATION, OR REMOVAL PLACE PARK LAWN DATE 3/18 1935

19. UNDERTAKER FENDLER UND Co (ADDRESS) 7819 MICHIGAN AVE

20. FILED MAR 15 1935 19 J.F. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia, Chronic Myocarditis

Date of onset

Other contributory causes of importance:

108

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J.F. Predeck, M. D.
(Address) 2157 1/2 E. 15th St

3/15/35

