

REC'D MAR 14 1938

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

4732

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **3833 Folsom Avenue** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1377**

2. PRINT FULL NAME

Amanda Jane Branson *h. 52*
 (a) Residence, No. **4269 Chouteau Avenue** St. **18**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William M. Branson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 25th, 1855**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 6 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) **Missouri**

FATHER 13. NAME **James Vett**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Elizabeth Owens**

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

17. INFORMANT **Mrs W. C. Owen**
 (ADDRESS) **3833 Folsom Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **Feb. 9th** 19**38**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,**
 (ADDRESS) **429 N. Euclid Avenue**

20. FILED **FEB 7 1938** *J. Bredeck*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 7th** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 10** 19**35** to **Feb 7** 19**38**.
 I last saw her alive on **Feb 6** 19**38**. Death is said to have occurred on the date stated above, at **4:20 A.M.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Compensated (Oedema)
caused by decompensation of heart.
 Date of onset **2/9/38**
 years

Other contributory causes of importance:

Name of operation **none** Date of.....
 What test confirmed diagnosis **Path. Symptom** Was there an autopsy?.....

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? **No**
 If so, specify.....
 (Signed) *Edmund Brant* M. D.

(Address) **1504 So Grand Blk**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 1122

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed J. J. Sullivan

Licensed Embalmer No. 1122

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.)