

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 40463  
10234  
Registrar's No. \_\_\_\_\_

JAN 15 1941 791

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Saint Louis Maternity Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME Infant Boy Branson  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 5, 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. 25 min.

9. Birthplace Saint Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Oliver Edward Branson  
13. Birthplace Kirkwood, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lillian Christine Newsom  
15. Birthplace Harrisburg, Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature St. Louis Maternity Hospital  
(b) Address 630 S. Kingshighway Blvd.

17. (a) \_\_\_\_\_ (b) Date thereof DEC 13 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dept. of Pathology

18. (a) Signature of funeral director Washington Univ.  
(b) Address \_\_\_\_\_

19. (a) DEC 13 1940 (b) J. H. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Des Peres NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. Topping Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5,  
year 1940 hour 4:20 minute A.M.  
21. I hereby certify that I attended the deceased from December 5,  
1940 to December 5, 1940;  
that I last saw him alive on December 5, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Abletosis

Due to Erythroblastosis Foetalis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 1612

Major findings: Of operations \_\_\_\_\_

Of autopsy Erythroblastosis Foetalis

Duration 25 min

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. Brudeck (M. D. or other) \_\_\_\_\_  
Address 630 S. Kingshighway Date signed 12-7-40

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.

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**