

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 12 days
 In this community 38 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Branch
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 6, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 19 _____ hr. _____ min.

9. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Branch
 13. Birthplace Miss. 1
(City, town, or county) (State or foreign country)
 14. Maiden name Modess Murphy
 15. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith
 (b) Address 2601 N. Whittier

17. (a) Autopsy Date thereof 9-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director [Signature]
 (b) Address 3801 Center

19. (a) OCT 6 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
 (a) State Missouri (b) County 12
 (c) City or town St. Louis 6 22
(If outside city or town limits, write "RURAL")
 (d) Street No. 2145 Walnut
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25,
 year 1942 hour 1 minute 40 A. M.
 21. I hereby certify that I attended the deceased from August
13, 19 42 on September 25, 19 42
 that I last saw him alive on September 25, 19 42
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hyoertrophy
 Duration Unk.
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 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?

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

23. Signature [Signature] (M. D. or other) _____
 Address 2601 Whittier Date signed 9/29/42

8280

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, fact should be so stated above.