

FILED SEP 7 1945
318

Primary Registration District No. 1003 Registrar's No. 2553

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
CO
17
9
6-1987

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(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 2 mos. 6 days
(Specify whether years, months or days)

In this community 38 years

3. (a) PRINT FULL NAME Will Branum

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 4, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80	10	29	hr. min.
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9. Birthplace Georgia /
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Branum

13. Birthplace S. C. /
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

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

17. (a) Buried (b) Date thereof AUG 30 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
CITY CEMETERY

18. (a) Signature of funeral director V. B. Hudson
(b) Address City Health Dept

19. (a) AUG 29 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 17 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2223 Market St. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3,
year 1945 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 27, 1945, to July 3, 1945, that I last saw him alive on July 3, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach (autopsy) Duration Unk.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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) _____

(e) Means of injury _____

23. Signature B. F. Murphy M. D. _____
Address 2601 N. Whittier Date signed 7/9/45

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.