

FILED AUG 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2141a Walnut St.
(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

3. (a) PRINT FULL NAME **Ida Branch**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color of hair **Negro**

6. (b) Name of husband or wife **Aron Branch**

7. Birth date of deceased **Aug. 8 1874**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	6	hr. _____ min. _____

9. Birthplace **Aberdeen Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER {

12. Name **Jordan Abraham**

13. Birthplace **S. Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Kennard**

15. Birthplace **S. Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earlin Jenkins**

(b) Address **2141a Walnut St.**

17. (a) **Removal** (b) Date thereof **8-14-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blytheville, Ark.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **AUG 14 1946** (b) **J. F. Brodeek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **2141a Walnut St.**
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **14**
year **46** hour **11:50** minute **A** M.

21. I hereby certify that I attended the deceased from **May 14**, 19**46**,
to **Aug 14**, 19**46**,
that I last saw her alive on **Aug 14**, 19**46**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Central apoplexy**
Hypertension

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?.....

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

23. Signature **Walton** (M. D. or other)
Address **Walton** Date signed **8/14/46**

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..... *John J. Hennehy*
Licensed Embalmer No. *4194*
P. O. Address *St. Louis, Mo.*

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.