

No. 2
-12-45
5-17-39
I X47020

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5915**

FILED MAR 4 3 1947

Registration District No. **3186**

Primary Registration District No. **6075**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Farmington RURAL St. Francois**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 yrs. 4 mos. 24**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **FREDERICK MARTIN BRANING**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Nellie Pauline Hunt** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **June 23 1874**
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **25** If less than one day hr. min.

9. Birthplace **Iron Mountain, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Physician (Doctor of Medicine)**

11. Industry or business
12. Name **Jacob Braning**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Zimmer**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records of State Hospital No. 4**
(b) Address **Farmington, Missouri**
17. (a) **Burial** (b) Date thereof **2-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Knights of Pythias Cem., Farmington, Mo.**

18. (a) Signature of funeral director **Cozean Funeral Home**
(b) Address **Farmington, Missouri**
19. (a) **2-25-47** (b) **Ethel Rudloff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**
(c) City or town **Bonne Terre**
(If outside city or town limits, write "RURAL")
(d) Street No. **Unknown**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **18**
year **1947** hour **3** minute **00** A. M.

21. I hereby certify that I attended the deceased from **Sept. 24, 1941**, 19 to **Feb. 18, 1947**, 19
that I last saw him alive on **Feb. 18, 1947**, 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **3 days**

Due to

Due to **in fall of day room of ward where patient had a fall and fractured hip successfully treated by Dr. Braning & atherosclerosis - 6 yrs**

Other conditions **Psychosis & atherosclerosis - 6 yrs**
(Include pregnancy within 3 months of death)
Major findings: **Psychosis & atherosclerosis - 6 yrs**
Of operations

Of autopsy **No autopsy**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **94**

(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?
Farmington, Mo.

(Specify type of place) **While at work?** (e) Means of injury
23. Signature **Samuel T. Loch** (M. D. or other)
Address **Farmington - Mo** Date signed **2/18/47**

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

MOTHER, FATHER

289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Office No. 4
File Number 347-304
3-3-47

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 *A. Cozear*
Licensed Embalmer No. 4084
P. O. Address Farmington, Vt.

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.