No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25339

Registration District No. 8187 Primary Registration District No. 1003 Registrar's No. 7296

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution 4424 West Belle
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

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

(d) Street No. 4424 W. Belle Place 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME SAMUEL JOSEPH BRANCH

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race C

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Ellen

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan. (Month) 12 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
69	6	21	hr. min.

9. Birthplace Farmville (City, town, or county) Va. (State or foreign country)

10. Usual occupation Retired teacher

11. Industry or business --

FATHER
12. Name Tazwell Branch
13. Birthplace Farmville (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Harriet unknown
15. Birthplace Farmville (City, town, or county) Va. (State or foreign country)

16. (a) Informant Frances Branch
(b) Address 4424 West Belle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) AUG 5 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd year 1947 hour 8 minute 17 P. M.

21. I hereby certify that I attended the deceased from 4-6, 1947 to 8-3, 1947; that I last saw him alive on 8-3, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Terminal
Due to: Hypertension	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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 0

23. Signature [signature] (M. D. or other)
Address 11 N. Jefferson Ave. Date signed 8-4-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1958

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 Chas. J. Gates, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.