

S. No. 2
-12-45
-5-17-39
X47070

FILED SEP 2 1947
Registration District No. **318**

Primary Registration District No. **1003**

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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Vigo 990

(c) City or town Terre Haute 12
(If outside city or town limits, write "RURAL")

(d) Street No. 457 South Fifteenth Street 0
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Harry Brann

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Agnes Brann

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 13 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1947 hour 2 minute 29 P. M.

21. I hereby certify that I attended the deceased from August 12, 1947, 19... to August 14, 1947, 19...; that I last saw h. in alive on August 14, 1947, 19...; and that death occurred on the date and hour stated above.

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

65 1 1 hr. min.

Immediate cause of death Myocardial infarction Duration 2 1/2 hrs.

Due to Arteriosclerotic coronary artery disease.

9. Birthplace Brazil Indiana
(City, town, or county) (State or foreign country)

Other conditions Ch. Lymphatic leukemia 1 year.
(include pregnancy within 3 months of death)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations 7/4

Of autopsy Myocardial infarction, pericardium, spleen only

22. If death was due to external causes, fill in the following: no.

16. (a) Informant Mrs. Agnes Brann

(b) Address Terre Haute, Ind.

17. (a) Removal (b) Date thereof 8-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Terre Haute, Ind.

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

(b) Address 4700 Washington Blvd.

19. (a) AUG 15 1947 (b) J. P. Bruders
(Date received by Registrar) (Registrar's signature)

(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 Edward H. Reinhard M. D. 0

Address Barnes Hospital Date signed _____

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

1983

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 Ernest W. Jellison
Licensed Embalmer No. 4080

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.