

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11019**

Registrar's No. **733**

Registration District No. **3949**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jefferson Barracks, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 Days**
(Specify whether years, months or days) **45 Days**

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **BRANSTETTER, Harvey B.**

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

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive **47** years
7. Birth date of deceased **February 20 1881**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	0	25hr.min.

9. Birthplace **Pike County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Branstetter**
13. Birthplace **Pike County, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Fannie Kilby**
15. Birthplace **Pike County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hosp.**

(b) Address **Jefferson Barracks, Mo.**

17. (a) **Burial** (b) Date thereof **3-15-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wm. Harmon, Mo.**

18. (a) Signature of funeral director **Wm. Waters, Fu. Home**

(b) Address **Vandalia, Mo.**

19. (a) **3-18-48** (b) **Carl J. Slayton**
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15**
year **1948** hour **6:18** minute **A** M.

21. I hereby certify that I attended the deceased from **January 31, 1948, to March 15, 1948;**
that I last saw him alive on **March 15, 1948;**
and that death occurred on the date and hour stated above.

Immediate cause of death **1. CEREBRAL HEMORRHAGE**
2. BRONCHOGENIC CARCINOMA

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy **Autopsy performed**
(See cause of death)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(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) Cause of injury **Stroke**
23. Signature **L. E. Stowell** (M. D. or D. O.)
Address **Jefferson Barracks, Mo.** Date signed **3/15/48**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

76
0
9

82
0
0
1

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.