.S. No. 300
Rev. No. 48

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

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11610

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 239

1. PLACE OF DEATH
a. COUNTY: St. Louis 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wellston
c. LENGTH OF STAY (in this place): 1 yr. 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Vincent's Hospital 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY
c. CITY OR TOWN: La Salle 612
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): R.R. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle): Elizabeth
c. (Last): Brannan

4. DATE OF DEATH (Month) (Day) (Year): March 19 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 24, 1879
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 5, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. BIRTHPLACE (City and State or Foreign Country): La Salle, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Michael Brannan
13b. MOTHER'S MAIDEN NAME: Margaret Dervin
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Thomas Brannan — Brother. ADDRESS: R.R. 2 La Salle, Illinois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Cell Carcinoma of Face with local metastasis — INTERVAL BETWEEN ONSET AND DEATH: 18 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (Chronic Brain Syndrome Asso. with Central Nervous System Syphilis τ Psy. Reaction — Years

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION (Gen. Arteriosclerosis-Mental Deficiency 19XB
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-6- *, 1956, to* 3-19- *, 1957, that I last saw the deceased alive on* 3-19- *, 1957, and that death occurred at* 9:05A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: 7301 St. Charles Rock Rd.
23c. DATE SIGNED: 3/19/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/20/57
24c. NAME OF CEMETERY OR CREMATORY: St. Vincent's
24d. LOCATION (City, town, or county) (State): LaSalle, Illnois

DATE REC'D BY LOCAL REG.: 3/19/57
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Cullen-Kelly
ADDRESS: 7267 Natural Bridge

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.