

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

29654

PLACE OF DEATH  
County St. Char. Mo.  
Township Dardems.  
or  
Village Weldon Spring  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 760 File No. \_\_\_\_\_  
Primary Registration District No. 6001 Registered No. 26

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Herman Gerhard Brand

**PERSONAL AND STATISTICAL PARTICULARS**

SEX male COLOR OR RACE white SINGLE MARRIED Married  
WIDOWED OR DIVORCED  
(If file the word)

DATE OF BIRTH March - 20 - 1835  
(Month) (Day) (Year)

AGE 82 yrs. 4 mos. 23 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Holthausen Germany.

PARENTS NAME OF FATHER Franz Brand.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany.

MAIDEN NAME OF MOTHER Anna Schnieders

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) William H. Brand

(ADDRESS) Weldon Spring

Filed Aug. 14, 1917 Jim Jenkins REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH August 12, 1917  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased ~~from~~ On, 1917, to Aug 12, 1917, that I last saw him alive on Aug 17, 1917, and that death occurred, on the date stated above, at 8 P.m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia

10-12  
11-12  
91  
(Duration) \_\_\_ yrs. \_\_\_ mos. 1 ds.

Contributory Family  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Lebeding M. D.  
Aug 14, 1917 (Address) Howell Mrs

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted If not at place of death?  
Former or usual residence

PLACE OF BURIAL OR REMOVAL Weldon Spring Mo. DATE OF BURIAL 8-15, 1917

UNDERTAKER Oberle Bros ADDRESS Weldon Spring Mo.

