

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

Do not use this space.

41521

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 1123  
Township U.S. Veterans Hospital Primary Registration District No. 414813  
City Jefferson (Parade) Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Brandhorst

(a) Residence, No. 4115 Caberlie St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. 5 ds 4 How long in U.S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
Registered No. 412  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
06 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 237  
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Prof. Giffen U.S. Vet Hospital Jefferson Parade Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE Dec 21 1932

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 1631 Mercantile Ave

20. FILED Dec 19 1932 L. C. Obrodt Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 7<sup>th</sup> 1932 to Dec 18 1932  
I last saw h. in alive on Dec 18 1932 Death is said to have occurred on the date stated above, at 0:50 am.  
The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonum Date of onset \_\_\_\_\_  
Chr. Active  
Tuberculosis left hip  
23A  
21B  
Other contributory causes of importance: 23  
None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Chest x-ray findings Was there a post-mortem? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? ✓ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify Yes  
(Signed) L. C. Obrodt M.  
(Address) U.S. Veterans Hospital Jefferson Parade Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 5 1933

