

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.

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

5035
Do not use this space.

267D MAR 13 1939

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis, Mo. (d) Street No..... Bethesda Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003

Registered No. 1728

2. PRINT FULL NAME

Brand, Infant

(a) Residence, No. St. WA Cuba, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 40 min.

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

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

13. NAME John Brand

14. BIRTHPLACE (CITY OR TOWN) Leasburg (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Gladys Jacobs

16. BIRTHPLACE (CITY OR TOWN) Pacific (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mother Gladys Brand Cuba Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 2-24-39

19. FUNERAL DIRECTOR Ira Hamilton (ADDRESS) City Health Dept.

20. FILED FEB 23 1939 J. B. Brudeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 5 AM, 1939, to Feb 4, 1939

I last saw her alive on 2/4/39, 19... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: Immaturity, Twin

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? 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?.....

If so, specify.....

(Signed) Louis Heller, M. D.

(Address) 3649 Vista

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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.)