

REC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8263

Do not use this space.

791

1003

2028

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 5351 Arsenal St. 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.

2. PRINT FULL NAME Frances Brandt

- (a) Residence, No. 5351 Arsenal St. St. 13 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late John Brandt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 8, 1866</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>2</u>	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	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. <u>Housewife</u>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
	13. NAME <u>Frederick Breimann</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Anne Stoltz</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Mrs. Helen Kipping</u> (ADDRESS) <u>5351 Arsenal St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter & Paul</u> DATE <u>3-4</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Kriegshauser Hortuari</u> <u>4228 So. Kingshighway</u>				
20. FILED <u>MAR 2 1939</u> <u>J. E. Brubaker</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1937, to March 1, 1939
 I last saw her alive on March 1, 1939. Death is said to have occurred on the date stated above, at 7:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Date of onset 2/28/39

Other contributory causes of importance:
Arteriosclerosis
Chronic Myocarditis

Name of operation None Date of.....
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury....., 19.....
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) Max Stumboldt M. D.
 (Address) 517. D. West Blue

(Licensed Embalmer's Statement on Reverse Side)

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.

512 Klemm Pl. 1-2

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

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, above space should be left blank.