

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

9133
Do not use this space.

APR 12 1939

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Registered No. 2898

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City of St. Louis (d) Street No. 4960 Davison 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 80 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Brandenburg

(a) Residence, No. 4960 Davison St. 7 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Barbara Brandenburg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/17/84

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 3 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker
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) Dec. 1932 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

13. NAME Ferdinand Brandenburg

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Barbara Brandenburg
(ADDRESS) 4960 Davison Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. Mar. 29, 1939

19. FUNERAL DIRECTOR (NAME) Quidman & Sons
(ADDRESS) 3934 N. 20th St.

20. FILED MAR 27 1939 J. D. Bredich
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1939 to Mar. 26, 1939

I last saw him alive on Mar. 25, 1939 Death is said to have occurred on the date stated above, at 8:10 A.M.

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

Carcinoma of the intestines

Date of onset Don't know

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify.....
(Signed) Roland R. Munnich, M.D.
(Address) 5330 Geraldine St.

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.

5330 Geraldine

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.....

Geo P Schubert

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo P Schubert

Licensed Embalmer No. *2212*

P. O. Address *5118 1/2 Kingsley*

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.