

SEP 14 1939

Registration District No. 1003

Primary Registration District No.

Registrar's No. 7395

1. PLACE OF DEATH:

(a) County ST. LOUIS
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Mo. Baptist
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
 (Specify whether
 In this community Since Birth
 years, months or days)

3. (a) PRINT FULL NAME JULIUS J. BRANDT. 6533. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Louise P. Brandt (Carico) 6. (c) Age of husband or wife if 58 yrs years7. Birth date of deceased Dec. 10, 1881
(Month) (Day) (Year)8. AGE: Years 57 Months 8 Days 15 If less than one day 15 hr. min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Packer St. Louis Screw Co.11. Industry or business Not employed12. Name August Brandt18. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Louise Carico15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Louise Brandt(b) Address Rt 10 Box 715 Ferguson Mo.17. (a) Burial (b) Date thereof 8/28/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Friedens18. (a) Signature of funeral director Math. Hermann & son(b) Address 2161 East Fair Avenue19. (a) Aug 28 1939 (b) J. D. Brudwick
(Date of registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County NR
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rout 10, Box 715, Ferguson, Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

- MEDICAL CERTIFICATION -

20. DATE OF DEATH: Month Aug day 25
year 1939 hour 8 minute 20 A M.21. I hereby certify that I attended the deceased from Mar 19
1937 to Aug 25, 1939
that I last saw him alive on Aug 25, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral
hemorrhage
pyocystitis
hypertension, chronic
reflex, & chronic myocystitis

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations Of autopsy PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence ✓(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? ✓ (Specify type of place) (e) Means of injury _____28. Signature E. H. Killeen (M. D. or other) _____Address 3121 1/2 Grand Date signed _____

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 Edward Hampton

Licensed Embalmer No. 2967

P. O. Address 2161 E. Fair Ave

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.