

V. S. No. 2.
90M-7-20-37

I X12004

MARGIN RESERVED FOR BINDING

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

36506
Do not use this space.

1. PLACE OF DEATH
 (a) County Lafayette 2 Registration District No. 454
 (b) Township Middletown 1 Primary Registration District No. 5620A Registered No. 10
 (c) City..... (d) Street No..... 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 Erwin Brandt
 (a) Residence, No. 1053 St.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1901

7. AGE YEARS 38 MONTHS 1 DAYS IF LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Lafayette County, Mo (STATE OR COUNTRY)

FATHER 13. NAME Henry Brandt 0
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME FLORA WOLTERS
 16. BIRTHPLACE (CITY OR TOWN) CONCORDIA, MO (STATE OR COUNTRY)

17. INFORMANT Jerry Schmidt (ADDRESS) Alma, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oct 14, 1939 DATE St Pauls Concordia, Mo. 19

19. FUNERAL DIRECTOR E. S. James (ADDRESS) Concordia, Mo

20. FILED Oct 13 1939 Miss Frank M. Chene Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-1939

22. I HEREBY CERTIFY, That I attended deceased from 10-12-1939, to 10-12-1939.
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 1:30 pm.
 The principal cause of death and related causes of importance were as follows:
Suicide by taking
lysal.
(Cocaine case)
 Other contributory causes of importance: 16m

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 Suicide
 Nature of injury lysal poisoning

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify..... (Signed) W. H. Hobbs....., M. D.
 (Address) Concordia, Mo
Carl

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/9/39

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.)