

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

41465

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

10588

1. PLACE OF DEATH:

(a) County 1
 (b) City or town St. Louis MO.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Lukes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME Bradley Brandenburg 653

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 10th 1939
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days _____ If less than one day still born
hr. _____ min. _____9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Carl Brandenburg13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)14. Maiden name Lucille Goodrich15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Carl Brandenburg(b) Address 2845 Pennsylvania Ave.17. (a) Burial (b) Date thereof Dec 11th
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St Matthews18. (a) Signature of funeral director Shad Lutus(b) Address 2906 Gravois Ave.19. (a) Dec 11 1939 (b) J.F. Brubaker
(Observed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis. 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2845 Pennsylvania Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10th
year 1939 hour 7 minute 55 p. M.21. I hereby certify that I attended the deceased from Dec 10
1939, to Dec. 10 - 39

that I last saw h _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Stillborn

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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)
(b) Means of injury _____23. Signature James B. Jones (M. D. or other) _____Address St. Luke's Hosp. St. Louis, Mo. Date signed Dec 11, 1939

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.....

Thor Lutis

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thor Lutis

Licensed Embalmer No. *1619*

P. O. Address *2906 Gravois 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.