

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2034

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. MARYS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS
(Specify whether years, months or days)

In this community 6 WEEKS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County UNKNOWN

(c) City or town PITTSBURG
(If outside city or town limits, write "RURAL")

(d) Street No. 1803 SOUTH JOPLIN ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME William Aaron Brandenburg

3. (b) If veteran, name war None

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ALTA PENNFIELD BRANDENBURG 6. (c) Age of husband or wife if 71 years

7. Birth date of deceased OCTOBER 10 - 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months - Days 19 If less than one day - hr. - min.

9. Birthplace VOLGA IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation COLLEGE PRESIDENT

11. Industry or business EDUCATIONAL

12. Name FRANCIS MARION BRANDENBURG

13. Birthplace UNKNOWN OHIO
(City, town, or county) (State or foreign country)

14. Maiden name ENFIELD MAXWELL

15. Birthplace UNKNOWN ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant H. K. Tedham

(b) Address 456 Woodlawn - Webster Groves, Mo.

17. (a) BURIAL (b) Date thereof OCT 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PITTSBURG, KANSAS

18. (a) Signature of funeral director Parker and Co

(b) Address Webster Groves, Mo.

19. (a) OCT 29 1940 (b) DR. Meyer, M.D.
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th year 1940 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Oct. 20, 1940 to Oct. 29, 1940; that I last saw him alive on Oct. 28 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic nephrosclerosis
Suprarenal cortical deficiency

Due to 131

Other conditions: Generalized arteriosclerosis and sclerosis of coronary arteries
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
- Of autopsy Confirmed above diagnoses.

Duration

Uncertain
uncertain

Uncertain

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 _____

23. Signature J. O. Brown (M. D. or other) M.D.
Address 1325 S. Grand Blvd. Date signed 10/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Carin B. Lang*.....

Licensed Embalmer No. *1321*.....

P. O. Address *Webster Groves*.....

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, fact should be so stated above.