

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27153

State File No. _____

6945

FILED SEP 17 1941 791

1003

Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 1923
(If outside city or town limits, write "RURAL")
(d) Street No. 2231 INDIANA AV.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26,
year 1941 hour 9:20 minute A. M.
21. I hereby certify that I attended the deceased from August
22, 1941 to August 26, 1941;
that I last saw her alive on August 26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis
Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Amelia Brand
(b) If veteran, name war NO (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
7. Birth date of deceased JULY 3 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

12. Name UNK. Ethlic

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

14. Maiden name UNKNOWN

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

16. (a) Informant Richard Brand

(b) Address 2231 Indiana Av.

17. (a) BURIAL (b) Date thereof AUG. 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW PICKERS

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Ave

19. (a) AUG 27 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____
While at work? _____ (a) Means of injury _____

23. Signature [Signature] (M. D. or initials) 0
Address 1515 Lafayette Date signed 8/26/41

(Licensed Embalmer's Statement on Reverse Side)

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

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17
9

100-111

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.....

no Embalmed.

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.