

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **10738**

FILED JAN 5 1942
Registration District No. _____

Primary Registration District No. **1003**

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

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:
3631 Chippewa
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3631 Chippewa**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William M. Brandt**

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 **Married**

6. (b) Name of husband or wife **Helen Brandt** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **September 25 1942**
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Martinberg W. Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cigar maker Sec. C. T. L. U.**

11. Industry or business _____

12. Name **John Brandt**

13. Birthplace **W. Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **W. Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Helen Brandt**

(b) Address **3631 Chippewa**

17. (a) **Cremation** (b) Date thereof **12/26/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Schumacher**

(b) Address **3013 Meramec**

19. (a) **DEC 23 1942** (b) **J. F. Bredsch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **22**
year **1942** hour **7.40** minute _____ P. M.

21. I hereby certify that I attended the deceased from **July 14 1942** to **Dec 22 1942**
that I last saw him alive on **Dec 22** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration _____

Due to **61**

Due to **54 Diabetes Mellitus**

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) (City or town) (County) (State)

23. Signature **J. F. Bredsch** (M. D. _____)

Address **3157^{1/2} Park** Date signed **12/23/42**

8153 E
Park

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.....

George N. Archambault

Registered Apprentice No. **XXXXXXXX**

working under my personal supervision.

Signed.....

George N. Archambault

Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.