

FILED MAY 21 1945

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 4095

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: 3159 North 13th Street
(d) Length of stay: In hospital or institution 62 yrs, 11mo, 20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 3159 North 13th street
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME ANTHONY BRAND

3. (b) If veteran, name war No
3. (c) Social Security No. 499-03-5001

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

6. (b) Name of husband or wife Elizabeth Brand
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 16th 1882

8. AGE: Years 62 Months 11 Days 20
If less than one day hr. min.

9. Birthplace St. Louis Missouri

10. Usual occupation Carpenter

11. Industry or business Himself

12. Name John Brand

13. Birthplace Unknown Unknown

14. Maiden name Louise Gladue

15. Birthplace Unknown Unknown

16. (a) Informant Elizabeth Brand (Wife)

(b) Address 3159 North 13th street

17. (a) Burial (b) Date thereof 5-9-45

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Suedmeyer & Son's

(b) Address 3934 North 28th Street

19. (a) MAY (b) Registrar's signature J. F. Bredek

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1945 hour 2:10 minute P M.

21. I hereby certify that I attended the deceased from 1942 to 1945
that I last saw him alive on 5/5 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chr

Due to Arteriosclerosis

Due to

Other conditions

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place)

23. Signature Paul H. Chapman (M.D. or other)

Address 3518 Dordie Date signed 5/7/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address.....

5934 Alpha

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.