

FILED SEP 28 1945

STANDARD CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DePaul Hospital Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4525a Mary Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred E. Brandhorst

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Marcella A. Brandhorst nee Morrison (c) Age of husband or wife if 24 years

7. Birth date of deceased May 28, 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 3 23 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Motorcycle Policeman

11. Industry or business _____

MOTHER FATHER

12. Name Frederick Brandhorst

13. Birthplace Unknown Ills. /
(City, town, or county) (State or foreign country)

14. Maiden name Emma Segelhorst

15. Birthplace Unknown Ills. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marcella A. Brandhorst

(b) Address 4525a Mary Ave

17. (a) Burial (b) Date thereof 9/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 22 1945 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20,
year 1945 hour 5:35 PM minutes _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 1945.
that I last saw _____ alive on Sept 28, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial infarct 2 weeks
Duration 2 weeks
Due to _____
Due to _____

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 work)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 4525a Mary Ave Date signed 9/21/45

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

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 William G. Burkholz
Licensed Embalmer No. 2610 C
P. O. Address St. Louis, Mo

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.