S. No. 2
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I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945

State File No. 31709

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8886

1. PLACE OF DEATH:

(a) County St Louis Mo

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

(c) Name of hospital or institution: 3887 Bingham 1 (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 Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 15 17

(d) Street No. 3887 Bingham (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME LOuisa Brandau

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) I (Day) 1857 (Year)

8. AGE: Years 88 Months I Days I4 If less than one day hr. min.

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Christian Roehrig
13. Birthplace Alsance Loraine (City, town, or county) (State or foreign country) 8

MOTHER
14. Maiden name Mary Schmit
15. Birthplace France (City, town, or county) (State or foreign country) 5

16. (a) Informant Margaret Nolan

(b) Address 3887 Bingham

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct I4 1857 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Schumacher Md Co

(b) Address 3013 Meramec

19. (a) OCT 15 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14 year 1945 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jun 10 1945 to Oct 12 1945 that I last saw her alive on Oct 12 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph Burns (M. D. or other)

Address 4065 - So Grand Date signed 10/16/45

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Williamson

Licensed Embalmer No. 3565

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.