

S. No. 2
 DM-5-43
 v. 5-17-39
 I X36671

FILED SEP 24 1946
 318

Registration District No. Primary Registration District No.

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:
4326 Vista Ave. 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community 2 yr
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County.....
 (c) City or town Leesburg, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Martha Ann Brand
 3. (b) If veteran, name war..... 3. (c) Social Security No. None
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
 divorced widow
 6. (b) Name of husband or wife Joseph E. Brand 6. (c) Age of husband or wife if
 alive..... years
 7. Birth date of deceased Jan. 24 1876
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 14th
 year 1946 hour 9:30 minute 9 M.
 21. I hereby certify that I attended the deceased from Sept 12
1946, to Sept 14 1946
 that I last saw her alive on..... 19.....
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>70</u> | <u>7</u> | <u>21</u> | hr. min. |

Immediate cause of death, Arteriosclerosis
 Due to.....
 Due to.....
 Other conditions Serum 91
 (Include pregnancy within 3 months of death)

9. Birthplace Steelville Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business.....
 12. Name Allen Davis
 13. Birthplace Steelville, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Missouri Scott
 15. Birthplace Steelville Missouri
 (City, town, or county) (State or foreign country)
 16. (a) Informant Nellie Jones
 (b) Address 4326 Vista
 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/15/46
 (Month) (Day) (Year)
 (c) Place: burial or cremation Burial - Bourbon, Mo
 18. (a) Signature of funeral director Long Funeral Home
 (b) Address Bourbon, Missouri
 19. (a) SEP 17 1946 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

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? (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) (c) Means of injury.....
 23. Signature M. C. Shurt (M. D. or other)
 Address 4300^e Manchester Ave Date signed 8/16/46

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 30420

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..... *R. E. Campbell*.....

Licensed Embalmer No..... *3848*.....

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.