

Registration District No. 318 Primary Registration District No. 1003

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Brandel

3. (b) If veteran, name war. 3. (c) Social Security No. 488-07-4942

4. Sex M Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 2 1883
(Month) (Day) (Year)

8. AGE: 63 Years 9 Months 15 Days If less than one day hr. min.

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

10. Usual occupation Rit Telephone Tester

11. Industry or business

12. Name Rudolph Brandel

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dengler

15. Birthplace New York City
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Brandel

(b) Address 4938 Tyrolean

17. (a) Mausoleum (b) Date thereof 2/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

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

(b) Address 3013 Meramec St.

19. (a) FEB 18 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4938 Tyrolean
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1947 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from Feb 6
1947, to Feb 17 1947
that I last saw him alive on March 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Congestive Heart Failure
Due to Hypertensive heart disease

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature J. E. Elin (M. D. or other)
Address 607 N. Grand Date signed 2/18/47

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 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.