

No. 2
12-45
5-17-39
X47070

FILED OCT 24 1947

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9399

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:
Alexian Brothers Hospital
(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 60
(c) City or town Kimmswick,
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Irwin E. Brandt
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 10th
year 1947 hour 5: minute 00 P.M.
21. I hereby certify that I attended the deceased from 3 Oct 1947
19 _____ to 10 Oct 1947, 19 _____
that I last saw him alive on 9 Oct 1947, 19 _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 8th, 1887
(Month) (Day) (Year)

Immediate cause of death
Acute myocardial infarction
Due to Coronary thrombosis
Due to Hypertensive heart disease
Other conditions Ventricular hemorrhage
(Include pregnancy within 3 months of death)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>60</u> | <u>7</u> | <u>2</u> | hr. _____ min. _____ |

Major findings:
Of operations _____
Of autopsy As above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Owensborough Ky.
(City, town, or county) (State or foreign country)
10. Usual occupation Salesman

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Brandt
(b) Address Kimmswick, Mo., Route #2
17. (a) Burial (b) Date thereof 10/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

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) Means of injury _____
23. Signature Ad Ho Brown (M. D. or other)
Address 4065 20th Date signed 10-10-47

18. (a) Signature of funeral director Wacker - Elders & Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) OCT 10 1947 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

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.....

Frank J. Dyland

Licensed Embalmer No.....

2645

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.