

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16986

9421

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If different, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bonne Terre</i>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bonne Terre</i>		94 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>109 N. Long St.</i>		d. STREET ADDRESS (If rural, give location) <i>109 N. Long St.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>ALVIN</i> b. (Middle) <i>AUGUST</i> c. (Last) <i>BRAND</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 4 1949</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 2, 1922</i>
9. AGE (in years of last birthday) <i>27</i> Months <i>0</i> Days <i>2</i>		10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) <i>Drill Operator</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>St. Joseph Lead Co</i>		11. BIRTHPLACE (State or foreign country) <i>Bonne Terre Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Alvin Brand</i>	
13b. MOTHER'S MAIDEN NAME <i>Margaret Long</i>		13c. NAME OF HUSBAND OR WIFE <i>June Brand</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <i>Yes World War II</i>		16. SOCIAL SECURITY NO. <i>552-14-4586</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>June Brand</i>		ADDRESS <i>Bonne Terre Mo</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary artery disease</i> ANTECEDENT CAUSES <i>Gun shot wound self inflicted</i> DUE TO (b) DUE TO (c) <i>Gun shot wound in chest</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		E970X	
21a. ACCIDENT SUICIDE HOMICIDE <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Bonne Terre St. Francois Mo.</i>		21d. TIME (Month) (Day) (Year) (Hour) <i>May 4, 1949 m.</i>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Self-inflicted gun shot wound.</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Bert J. Miller coroner</i>		23b. ADDRESS <i>Farmington, Mo.</i>	
23c. DATE SIGNED <i>5/5/49</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>May 7, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Bonne Terre</i>	
24d. LOCATION (City, town, or county) (State) <i>Bonne Terre Mo</i>		DATE REC'D BY LOCAL REG. <i>May 7, 1949</i>	
REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paulo</i>	
ADDRESS <i>Bonne Terre Mo</i>		ADDRESS <i>Bonne Terre Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer No. 4
File Number 249-6
Date Filed 5-16-49

MAY 20 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Clarence J. Raywell*

Licensed Embalmer No. 3706

P. O. Address *Connetquot, N.Y.*

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.