No. 300
10.48

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7113

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 563

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BRKS, MO.
c. LENGTH OF STAY (in this place): 59 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTS
d. STREET ADDRESS (If rural, give location): RURAL ROUTE #1

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): A.
c. (Last): BRANDT

4. DATE OF DEATH (Month) (Day) (Year): MARCH 2, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 11-13-93
9. AGE (In years last birthday): 56 YRS — IF UNDER 1 YEAR: Months 3, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MAYESTOWN, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM BRANDT
13b. MOTHER'S MAIDEN NAME: ELIZABETH HENERFAUTH
14. NAME OF HUSBAND OR WIFE: - - - - - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 337182100
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: V. A. HOSPITAL RECORDS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): AURICULAR FIBRILLATION

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: PULMONARY EMPHYSEMA

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 420.0
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2-50, *19*__, *to* 3-2, *19*50, ~~[illegible]~~, *and that death occurred at* 4:55p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John L. Monteur, MD
23b. ADDRESS: V.A. HOSP. JEFF. BRKS. MO.
23c. DATE SIGNED: 3-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 5
24b. DATE: MARCH 4, 1950
24c. NAME OF CEMETERY OR CREMATORY: MAEYSTOWN
24d. LOCATION (City, town, or county) (State): MAEYSTOWN ILLINOIS

DATE REC'D BY LOCAL: MAR 4 1950
REGISTRAR'S SIGNATURE: Herbert R. Wombe, MD
FUNERAL DIRECTOR'S SIGNATURE: Emil Quernheim
ADDRESS: WATERLOO ILL

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ben H. Baldwin

Signed.....
Student Embalmer

Licensed Embalmer, No. 2420

P. O. Address E. St Louis Le

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.