

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9913

Registrar's No. 2114

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|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. <u>2114</u> | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <u>ST. LOUIS</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <u>Wellston</u> | | d. STREET ADDRESS (If rural, give location) <u>1282 Morton Ave;</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BERNARD NURSING HOME</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ADA</u> | | b. (Middle) <u>M</u> | | c. (Last) <u>BRANDT.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4 1951</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Feb. 28, 1880</u> | |
| 9. AGE (In years last birthday) <u>71</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. 0</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Charles Herbst</u> | | 13b. MOTHER'S MAIDEN NAME <u>Pauline Young.</u> | | 14. NAME OF HUSBAND OR WIFE <u>George J. Brandt.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Herbst, 7617 Gannon Ave;</u> | | | |
| 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) <u>Nephritis & Sarcosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis Chronic</u> <u>Endocarditis Chronic</u> <u>4 years</u> | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 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) (Minute) _____ | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>592K</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>1948</u> to <u>Mar. 4, 1951</u> , that I last saw the deceased alive on <u>Mar. 3, 1951</u> , and that death occurred at <u>5:30A.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>A.E. Jones</u> | | | | 23b. ADDRESS <u>4500 Olive St</u> | | 23c. DATE SIGNED <u>March 5 1951</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u> | | 24b. DATE <u>Mar. 7, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>MAR 5 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. Kusner</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G.R. Lupton & Sons: 7233 Delmar Blvd.,</u> | | | |

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Arnold W. Schoene

Signed.....

Student Embalmer

Licensed Embalmer No. *3864*

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.