

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9914**
2075
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2169			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3900 Dunnica Street				d. STREET ADDRESS (If rural, give location) 3900 Dunnica Street					
3. NAME OF DECEASED (Type or Print) John Lincoln Richard Brandt, Jr.			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH 3/4/51		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8/16/15		8. DATE OF BIRTH 5/7/95	
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR 9 Months 27 Days		IF UNDER 24 HRS. 27 Hours 1 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Books	
11. BIRTHPLACE (State or foreign country) Toledo, Ohio.				12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME John L. Brandt			13b. MOTHER'S MAIDEN NAME Nina Emma Marquis			14. NAME OF HUSBAND OR WIFE Dorothy Emma Eschmaff			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME John R. Brandt, 3900 Dunnica Street.				ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CAUSATION DIRECTLY LEADING TO DEATH* (a) Crownary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crownary artery Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201					
22. I hereby certify that I attended the deceased from Jan 3, 1957 , to March 4, 1957 , that I last saw the deceased alive on March 3, 1957 , and that death occurred at 2:15 P. M. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature]				23b. ADDRESS 9120 2800th. Chippewa		23c. DATE SIGNED 3/4/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) 2		24b. DATE 3/6/51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Chapel		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 5 1951 [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.					

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

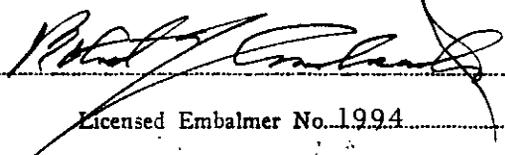
STATEMENT BY LICENSED EMBALMER

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.....



Signed.....
Student Embalmer

Licensed Embalmer No. 1994

P. O. Address.....

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.