

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15391

State File No.

DATE APR 27 1953
BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 141

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY OR TOWN Farmington Rural St. Francois		c. CITY OR TOWN Perryville	
c. LENGTH OF STAY (in this place) 3 mos.; 10		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		e. STREET ADDRESS (If rural, give location) Rural Route 1	
3. NAME OF DECEASED (Type or Print) a. (First) AUGUST		b. (Middle) BRANDEL (BRANDELL)	
c. (Last) BRANDEL (BRANDELL)		4. DATE OF DEATH (Month) (Day) (Year) April 12, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 30, 1884
9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 7	IF UNDER 12 HRS. Days 12	Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Mary's, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Brandel (Brandell)		13b. MOTHER'S MAIDEN NAME Sophia Rudloff	
14. NAME OF HUSBAND OR WIFE Nettie Biggs		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No. 4, Farmington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary thrombosis		INTERVAL BETWEEN ONSET AND DEATH Abt. 2 das.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Auricular Fibrillation		Unknown.	
DUE TO (c) Arteriosclerotic Heart Disease		Unknown.	
II. OTHER SIGNIFICANT CONDITIONS		Psychosis with cerebral arteriosclerosis.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Jan. 2, 1953 , to April 12, 1953 , that I last saw the deceased alive on April 12, 1953 and that death occurred at 8:30 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE John P. Bennett M.D. (Degree or title)		23b. ADDRESS State Hospital No. 4, Farmington, Mo.	
23c. DATE SIGNED 4-12-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Apr. 15, 1953		24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	
24d. LOCATION (City, town, or county) (State) Perry County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Company	
DATE REC'D BY LOCAL REG. Apr. 12, 1953		REGISTRAR'S SIGNATURE Esther Rudloff	
25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Company		ADDRESS	

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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..

Student.....
Signature of Student Embalmer

Signed.....
Edward C. Young

Licensed Embalmer No. *213*

P. O. Address *Keosauqua*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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