

FILED OCT 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37047

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____	
I. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		e. STREET ADDRESS 5400 Arsenal Street		f. (If rural, give location) 2139			
3. NAME OF DECEASED (Type or Print) Charles		a. (First) _____		b. (Middle) H.		c. (Last) Brandt	
4. DATE OF DEATH October 15 1953		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWER Widower		8. DATE OF BIRTH August 12, 1877		9. AGE (In years last birthday) 76	
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? _____					
13a. FATHER'S NAME Charles Brandt		13b. MOTHER'S MAIDEN NAME Henrietta		14. NAME OF HUSBAND OR WIFE Laté Katherine Brandt.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Harry E. Brandt, 816-24th St.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary adema				MEDICAL CERTIFICATION Granite City, Ills.	
		ANTECEDENT CAUSES Due to (b) Bronchopneumonia, bilateral				INTERVAL BETWEEN ONSET AND DEATH 2 days	
		DUE TO (c) _____				5 days	
		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 checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 491X			
22. I hereby certify that I attended the deceased from 9-1-53 , 19____, to 10-15 , 1953, that I last saw the deceased alive on 10-15 , 1953, and that death occurred at 7:30 pm , from the causes and on the date stated above.							
23a. SIGNATURE W. H. Humber M.D.		(Degree or title) M.D.		23b. ADDRESS 5400 Arsenal Street		23c. DATE SIGNED 10-15-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 19, 1953		24c. NAME OF CEMETERY OR CREMATORY Zions Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. OCT 16 1953		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Leidner Und. Co. 2223 St. Louis Ave.			

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 *John J. Lawrence*
Licensed Embalmer No. *41*
P. O. Address *H. Lawrence*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.