

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28481
State File No. 1891

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 1891

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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>ROCK HILL</u>	c. LENGTH OF STAY (In this place) <u>17 MOS</u>	c. CITY OR TOWN <u>ROCK HILL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>800 LEONARD DR</u>		e. STREET ADDRESS (If rural, give location) <u>800 LEONARD DR</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>REGINALD</u>	b. (Middle) <u>M</u>	c. (Last) <u>BRANDT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 12 55</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-13-1893</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>	IF UNDER 24 HRS. Hour <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ROLLING-MILL STEEL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SULLIVAN MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>CHARLES-BRANDT</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY-BLANTON</u>	14. NAME OF HUSBAND OR WIFE <u>GRACE-BRANDT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>492-05-8580</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GRACE-BRANDT-800 LEONARD DR.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		4 months 1 wk retarded 5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction (old)</u> DUE TO (c) <u>Arteriosclerosis general</u>		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Rock Hill, St. Louis MO</u>
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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?
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22. I hereby certify that I attended the deceased from 2/17, 1948, to 8/12, 1955, that I last saw the deceased alive on 8/5, 1955, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ch Bockelman M.D.</u>	23b. ADDRESS <u>2615 Brentwood Blvd Brentwood Mo</u>	23c. DATE SIGNED <u>8/13/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAKHILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS - CO MO</u>
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DATE REC'D BY LOCAL REG. <u>8/14/55</u>	REGISTRAR'S SIGNATURE <u>Hecker & Amberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FAY-B-SMITH MAPLEWOOD-17-MO</u>
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(Licensed Embalmer's Signature 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 403

P. O. Address Maplewood

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.