

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30626**

BIRTH NO. _____

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **8375**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5848 Loughborough		e. STREET ADDRESS 2 5848 Loughborough		20290 d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) A. c. (Last) Brandt			4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20, 1896	9. AGE (In years last birthday) 58	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Scullin Steel	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Brandt		13b. MOTHER'S MAIDEN NAME Louise Balz		14. NAME OF HUSBAND OR WIFE Eleanor Brandt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st. W. War		16. SOCIAL SECURITY NO. 498-05-0284	17. INFORMANT'S SIGNATURE OR NAME Eleanor Brandt		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Suffocation due to hanging</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>when found in basement of house 5948 Loughborough Mo., on September 22, 1955 hanging by rope from ceiling. I believe while suffering from temporary mental aberration.</i>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>suicide while</i>		20. AUTOPSY? <input type="checkbox"/>		
21a. ACCIDENT * (Specify) <i>suicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>house</i>	21c. CITY, TOWN, OR TOWNSHIP. St. Louis		(COUNTY)	(STATE)
21d. TIME OF INJURY Sept 22 1955	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 974 X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>6:10 p. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Patrick C. Taylor Coroner</i>		(Design or title)		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 9.23.55
24a. BURIAL, CREMATION, REMOVAL	24b. DATE Sept. 26, 1955	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.		
DATE REC'D BY LOCAL REG. SEP 23 1955	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher		
REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003		ADDRESS 3018 Meramec St.		

WRITE PLAINLY IN BLACK INK—MAKE A PERMANENT RECORD

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 *W E Morris*.....

Licensed Embalmer No. 336

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.