

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 17616  
Registrar's No. 4306

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>50 YRS.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3701 A MERAMEC ST</u>				e. STREET ADDRESS (If rural, give location) <u>15 3701 A MERAMEC</u> <u>2159</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>-</u> c. (Last) <u>BRANDSTETTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 30 56</u>				
5. SEX <u>M.</u>		6. COLOR OR RACE <u>A.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW.</u>		8. DATE OF BIRTH <u>2 7 71</u>	
9. AGE (in years, last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>		IF UNDER 1 Wks. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HAIR CUTTING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BELLEVILLE ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>GEORGE BRANDSTETTER</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BENZ</u>		14. NAME OF HUSBAND OR WIFE <u>LENA KENNER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>44-48-9606 A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hilda S. Ballard</u> ADDRESS <u>ST. LOUIS MO</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ANGINA PECTORIS</u> DUE TO (c) <u>MYOCARDIAL DEGENERATION</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GENERAL ARTERIO-SCLEROSIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1/2 day</u> <u>2 year</u> <u>3 year</u> <u>5 year</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				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) (Minute)		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 <u>1:2</u> , 19 <u>53</u> , to <u>4:30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4:30</u> , 19 <u>56</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Julius E. Rotten M.D.</u>				23b. ADDRESS <u>2603 Shooker St</u>		23c. DATE SIGNED <u>4.30.56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-3-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT HILL</u>		24d. LOCATION (City, town, or county) (State) <u>BELLEVILLE ILLINOIS</u>	
DATE REC'D BY LOCAL REG. <u>MAY 2 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo Kenner Belleville Ills</u> ADDRESS			

(Licensed Embalmer's Statement 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 emb  
by me, or by not Embalmed Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 731

P. O. Address Balkville

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