

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009411

STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 89

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Franklin		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		c. CITY OR TOWN Hermann		COUNTY Franklin		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in lb 3 Wks.		d. STREET ADDRESS 419 W. 10th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First Edward		Middle Henry		Last Brandt		Month Day Year Mar. 8, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 31, 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min. 2 7	IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) New Haven Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John Brandt				14. MOTHER'S MAIDEN NAME Wilhelmina Knehaus				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 498-38-2464		17. INFORMANT Mrs. Edw. Brandt Hermann Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Giant follicular lymphoma						INTERVAL BETWEEN ONSET AND DEATH 5 yrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2020					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from July 1953 to 3-8-58 and last saw ^{him} alive on 3-7-58 Death occurred at 7:10 ^{am} on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) George M. Workman M.D.				22b. ADDRESS HERMANN, MO		22c. DATE SIGNED 3-9-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-11-58	23c. NAME OF CEMETERY OR CREMATORY Stone Church Cem.		23d. LOCATION (City, town, or county) (State) Gerald Mo.			
24. FUNERAL DIRECTOR L. C. Fertig & Son New Haven Mo.				25. DATE RECD. BY LOCAL REG. 3/10/58		26. REGISTRAR'S SIGNATURE J.P. Schickman G.P. Hudson		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

MAY 1 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, ~~or by~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Earl C. Jettig*.....

Licensed Embalmer No. *33*.....

P. O. Address *New A.*.....

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.