

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7826

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No. _____
 Township St. Ferdinand Primary Registration District No. 6030 Registered No. _____
 City Pattonville Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Anna Brandes
 (a) Residence. No. Pattonville Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Brandes
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 6 13 or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Casper Kapp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Wilhelmina Neumann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

14. INFORMANT Miss Larra Brandes
 (Address) Pattonville Mo.

15. FILED 2-17 1929 O. V. Schuch
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16th 1929
 17. I HEREBY CERTIFY, That I attended deceased from Feb. 15th 1929 to Feb. 16th 1929
 that I last saw him alive on Feb. 15th 1929, and that death occurred, on the date stated above, at 8 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
(Uremic Coma)
131
132 B (duration) yrs. 3 mos. da.
 CONTRIBUTORY (SECONDARY) 1240 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. G. Coffman, M. D.
2-17 1929 (Address) Pattonville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Free Free Cemetery DATE OF BURIAL 2-18 1929

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Easton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 27 1929

THIS IS A PERMANENT RECORD

225
 1
 10
 10
 PARENTS

