

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

Do not use this space.

38434

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 1336 Morgan St.)

File No.....  
Registered No. 10819  
St. .... Ward

**2. FULL NAME** Wilhelmina Brandau

(a) Residence, No. 1336 Morgan St. St. 25 Ward.

(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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gus Brandau

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 5 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 -- 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER Wm. Wellmann

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

12. MAIDEN NAME OF MOTHER Charlotte Lindeman

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

14. INFORMANT Wm. E. Wellmann  
(Address) 1336 Morgan St.

15. FILED Nov - 5, 1929 Wm. E. Wellmann  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Nov 3, 1929  
that I last saw her alive on Nov 3, 1929, and that death occurred, on the date stated above, at 12:15p m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

11 Acute Cor. dilation  
10 1/2 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Colon  
(duration) 3 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

3 145 Plunged death  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? No DATE OF Aug 10/26

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Microscopic  
(Signed) Wm. T. Hinckley M. D.

11/4, 1929 (Address) 3500 N Grand

\*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 Concordia Cemetery DATE OF BURIAL Nov 6 1929

20. UNDERTAKER Thos. M. Reiderwieder ADDRESS 1936 St Louis

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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