

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

Do not use this space.

21226

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 6529 Mitchell Ave)
St. Ward.....

File No.....
Registered No. 5780
St. Ward.....

2. FULL NAME

(a) Residence, No. St. 4 Ward. Steelville Mo.
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Brand</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-17-1871</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>10</u>
		DAYS
		<u>21</u>
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Steelville Mo.</u>	
	13. NAME <u>Elisha B. Brand</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford Co. Mo.</u>	
	15. MAIDEN NAME <u>Caroline Nixon</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>S. Carolina</u>	
	17. INFORMANT <u>Mary Brand</u> (ADDRESS) <u>Steelville Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Steelville Mo.</u> DATE <u>June 21 1932</u>		
19. UNDERTAKER <u>Alexander & Sons</u> (ADDRESS) <u>617 S. Delaware</u>		
20. FILED <u>LN 20 15 32</u> <u>Max C. [unclear]</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1932

22. I HEREBY CERTIFY That I attended deceased from 5-9, 1932 to 6-18, 1932

I last saw him alive on 6-18, 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

Chronic Nephritis

Other contributory causes of importance:
Uremic Poisoning

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) John D. Engelbeyer D.D.
(Address) 121 E. Elm St.

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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