MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No. 14132
Township Central — Primary Registration District No. 6033-B — Registered No. 117
City Wellston (No. 1514, Valle Ave. (Rear) St. ..... Ward)

2. FULL NAME Christ Brandhorst
(a) Residence, No. 1514 Valle Ave. (Rear) 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Brandhorst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1879

7. AGE — Years: 54 — Months: 7 — Days: 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Christopher Brandhorst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Mrs Emma Brandhorst
(ADDRESS) 1514 Valle ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mathews Cem DATE April 30, 1934

19. UNDERTAKER Geo. L. Pleitsch Inc.
(ADDRESS) 5966 Easton Ave.

20. FILED 4-30-1934 H A Bachmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:40 P.M.
The principal cause of death and related causes of importance were as follows:

History: of being ill for 3 yrs Hospital patient at the St. Louis County Hospital. Permitted to go home and died the following day.
Diagnosis: Myo-Cardiao degeneration. Cardiac dilitation-chronic with coronary thrombosis-chronic

Date of onset
~~Other contributory causes of importance~~
Name of operation none Date of
What test confirmed diagnosis? Clinical and History. Was there an autopsy? No.

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) Tuke B Munson, M. D.
(Address) 3718 Jennings Rd.
Coroner St Louis Co., Mo.

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.

MAY 18 1942

Secondary: Angina Pectoris with extreme Cardiac Asthma and Pre-Cardial pain.
General Cardiac decompensation.