

N. B.—Every item of information should be carefully supplied. Not amount of State. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

37
JUN 21 1934

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

Do not use this space.

1. PLACE OF DEATH

County Losconade Registration District No. 308
Township 3-11-26 Primary Registration District No. 3-11-26
City (No.) St. (Ward)

File No. 16340
Registered No. 5

2. FULL NAME

Charley Frederick Brandhorst
(a) Residence, No. (Usual place of abode) St. (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 Henrietta Brandhorst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-7-54

7. AGE YEARS 79 MONTHS 6 DAYS 22 If LESS than 1 day, ... hrs. or min.

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

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

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

13. NAME Hy Brandhorst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT George Brandhorst (ADDRESS) Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Belmont DATE June 1, 1934

19. UNDERTAKER W. F. Gath (ADDRESS) Guth Brothers

20. FILED June 5, 1934 Miss Mather Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1934 to May 26, 1934

I last saw him alive on May 26, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Gastric Carcinoma Date of onset

Other contributory causes of importance: 4/6

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) W. F. Farrell, M. D.

(Address) Bellevue

