

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **919**) **St. Taylor** **McBride** **St. Mary** (Ward)

File No. **26654**
 Registered No. **6826**

2. FULL NAME

Robert Brandenburg
 (a) Residence. No. **421 South 17** St. **2nd** Ward **Belleville Ill**
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. **1** 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, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elizabeth Brandenburg**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 16, 1904**
7. AGE
 YEARS **30** MONTHS **4** DAYS **25**
 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Electrician**
 (b) General nature of Industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July - 16 1934**
17. I HEREBY CERTIFY, That I attended deceased from **June - 5 - 1934** to **July - 11 - 1934**
 that I last saw him alive on **July - 11 - 1934**, and that death occurred, on the date stated above, at **8 2 a** m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bacterial Endocarditis
Acute Toxicity
 (duration) **3** yrs. **3** mos. **3** ds.
CONTRIBUTORY (SECONDARY) **Acute Toxicity**
 (duration) **2** yrs. **3** mos. **3** ds.

9. BIRTHPLACE (CITY OR TOWN) **Belleville, Ill.**
 (STATE OR COUNTRY)
10. NAME OF FATHER **Died Brandenburg**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **not known**
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER **Anna M. Helen**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **not known**
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? **no**
WHAT TEST CONFIRMED DIAGNOSIS? **Autopsy**
 (Signed) **J. H. Hale**, M. D.
 (Address) **4903 Delmar**

14. INFORMANT **Adolph Brandenburg**
 (Address) **Belleville, Ill.**
15. FILED **12 1934**
J. F. Bredeck
 REGISTRAR

***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 **Walnut Hill, Belleville**
DATE OF BURIAL **July 13, 1934**
20. UNDERTAKER **Edmund Luck & Co.**
 ADDRESS **Belleville**

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.

AUG 15 1934

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4901 Delaware
N. H. State