

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.

NOV 13 1934

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

Do not use this space.

37330

1. PLACE OF DEATH

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **5564 Elizabeth**)

File No. ....  
 Registered No. **9736** St. .... Ward)

2. FULL NAME **Albin Brandes**

(a) Residence, No. **5564 Elizabeth St.** **13** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **13** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs Alice Brandes**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 7, 1982**

7. AGE YEARS **52** MONTHS **30** DAYS **26** If LESS than 1 day, ..... hrs. or ..... min.

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

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) **Illinois**

MOTHER FATHER 13. NAME **Henry Brandes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Mary Steinwald**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Mrs. Alice Brandes** (ADDRESS) **5564 Elizabeth**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Oct 6 1934**

19. UNDERTAKER **A. W. M. Laughlin** (ADDRESS) **2301 Elizabeth**

20. FILED **51** **1934** **J. P. Bredick** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 3** 19 **34**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **3:40 p.m.**

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

**Hepatitis Disease** Date of onset

Other contributory causes of importance: **77**

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) **A. J. Sauer** M. D.

(Address) **City, Mo.**

