

SEP 16 1935

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. **Seacoast Hoop**)

File No.

28091Registered No. **7176** St. Ward)2. FULL NAME **Louise Brandt**(a) Residence, No. **6016 Washington** St. **5** 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 **F** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 29th 1876**7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 7 198. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

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) **Cape Girardeau Missouri**13. NAME **Henry Brandt**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Warren Missouri**15. MAIDEN NAME **Caroline Gerdamana**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**17. INFORMANT (ADDRESS) **Mrs E. J. Brandt 6016 Washington**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Wright No** DATE **Aug 18th 1935**19. UNDERTAKER (ADDRESS) **Albert H. Hoffm. Inc. 629 N. Euclid**20. FILED **AUG 24 1935** **J. H. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 18th 1935**22. I HEREBY CERTIFY, That I attended deceased from **July 2nd 1935** to **8/18 1935**I last saw her alive on **8/18 1935** Death is saidto have occurred on the date stated above, at **1 P. M.**

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

Carcinoma of ovula. Metastatic carcinoma to lung and liver.

Date of onset

Other contributory causes of importance:

Edema of lungName of operation **Removal of nodules of ovula** Date ofWhat test confirmed diagnosis? **Microscopic** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) **R. J. Wosser**, M. D.(Address) **65 Fair Oaks**

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.

