SEP 2 5 1935

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

Do not use this space.

28321

1. PLACE OF DEATH

County St. Louis — Registration District No. Missouri 1123 — File No.

Township — Primary Registration District No. 6248B — Registered No. 306

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME BRAND, Gustave A.

(a) Residence, No. 4348 Virginia Avenue St., Ward. St. Louis, Missouri
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 27, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	45	8	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In business for himself

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce Business

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME John Brand

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

MOTHER

15. MAIDEN NAME Anna Krahm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) W. C. Gibson, M.D. Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE National Cemetery DATE Aug 30 1935

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 So. Broadway

20. FILED Aug 29 1935 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1933, 19..., to August 27, 1935, 19...

I last saw him alive on August 27, 1935, 19... Death is said to have occurred on the date stated above, at 7:25 p.m.

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

	Date of onset
Tuberculosis, pulmonary, chronic active, far advanced	Unkn.

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Physical examination, clinical manifestation laboratory and x-ray findings. 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) W. C. Gibson, M.D. Chief Med. Officer M. D.

(Address) Vet. Adm. Facility, Jeff. Brks., 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.