MAR 12 1936

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

Do not use this space.

8016

File No. 1687

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 2727 Russell Blvd. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME William C. Branditz

(a) Residence, No. 2727 Russell Blvd St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
about 75	Unknown		

OCCUPATION

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

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

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) St. Louis, Mo.

FATHER

13. NAME Fred Branditz

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

MOTHER

15. MAIDEN NAME Barbara Hoerr

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

17. INFORMANT Harry Branditz
(ADDRESS) 3927 Hartford Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul Churchyard, Feb. 15, 1936

19. UNDERTAKER W. C. Maydell
(ADDRESS) 1926 Allen Ave.

20. FILED FEB 14 1936 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12. 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1935 to Feb 12, 1936

I last saw alive on Feb 11, 1936. Death is said to have occurred on the date stated above, at 7 P.M.

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

	Date of onset
Chronic Myocarditis	9-17-35
Other contributory causes of importance:	
Chronic Nephritis	9-17-35

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Name of operation Date of

What test confirmed diagnosis? 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? no

If so, specify

(Signed) O. T. Upshaw, M. D.

(Address) 3115 So. Grand

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-3-25-35