AUG 18 1936

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

Do not use this space.
28025

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6753

City St. Louis, (No. 4141 Louisiana Ave. St. ..... Ward)

2. FULL NAME Henry Brandner

(a) Residence, No. 4141 Louisiana Ave. St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1855.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired &Yrs.
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) Germany.

FATHER

13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Clara Brandner 4141 Louisiana Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter and Paul DATE July 6, 1936.

19. UNDERTAKER (ADDRESS) J. H. Gebken L & U Co 2842 Meramec St.

20. FILED JUL 3 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to ....., 19....
I last saw him alive on July 2, 1936 Death is said to have occurred on the date stated above, at 5:50 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis unknown — Date of onset

Other contributory causes of importance: Arterio-sclerosis - unknown

Name of operation no Date of .....
What test confirmed diagnosis? Course 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) Nat Schneider, M. D.
(Address) 3218 S. 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.