

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.

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH

96 County St. Louis Registration District No. 788
 18 Township Jeff. Bantash Primary Registration District No. 4471
 City Wentworth Grove (No. Glennwood, Santarum) St. _____ Ward)

File No. 2947
 Registered No. 6

2. FULL NAME

Cornelia R. Brandt
 (a) Residence, No. Glennwood Sanit. St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. B. Brandt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18-1855</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>8</u>
		DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>262</u>		
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) <u>Hudson, Ky</u>		
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Louis N. Kashner</u> <u>8042 Park Dr</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellvue</u> DATE <u>Jan 11</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Louis N. Bopp</u> <u>Wentworth Grove</u>		
20. FILED <u>1-9-</u> 19 <u>37</u> <u>Julius R. Gore</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9th 1937

22. I HEREBY CERTIFY That I attended deceased from MAN 32 1935 to Jan 9th 1937
 I last saw him alive on Jan 8th 1937. Death is said to have occurred on the date stated above, at 5:55 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia, lobal
Anterior arterioscl.
Hypertension

Name of operation None Date of _____
 What test confirmed diagnosis? Phys. find Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) Paul Hines M. D.
 (Address) Grant Road, Wentworth Grove, Mo.

Date of onset
1-7-37

