

SEP 17 1937

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

Do not use this space.

1. PLACE OF DEATH

37 County Gasconade
Township Herrmann
City Herrmann (No. 1)

Registration District No. 303
Primary Registration District No. 4182

File No. 30633
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Herman H. Brandenburg

(a) Residence, No. _____ 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Behmadine Brandenburg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 24 1861</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>4</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Herrmann Mo.</u>		
FATHER	13. NAME <u>Christ Brandenburg</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Carolina Toft</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Herbert Brandenburg</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herrmann Mo.</u> DATE <u>8/15/37</u>		
19. UNDERTAKER <u>W. H. Riediger</u> (ADDRESS)		
20. FILED <u>8-14</u> 19 <u>37</u> <u>Anna K. Riehoff</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1927, to Aug. 13, 1937.
I last saw him alive on Aug. 7, 1937. Death is said to have occurred on the date stated above, at 7:30 A. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of liver

Date of onset about 5/37

Other contributory causes of importance: _____

Name of operation X/O 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) W. H. Riehoff M. D. O.
(Address) Herrmann, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

