

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.

DEC 13 1937

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

39225  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **of St. Louis** (d) Street No. **4162 Arsenal St.** Registered No. **10212**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Simon Brandt**

(a) Residence, No. **4162 Arsenal Street** St. **16**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Widowed Husband of Elizabeth**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 19, 1855**  
YEARS **82** MONTHS **8** DAYS **11**  
If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**  
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) **Hermann Missouri**

FATHER 13. NAME **Simon Brandt**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Louise Bellm 4162 Arsenal St.**

18. BURIAL ~~IDENTIFICATION OR REMOVAL~~ PLACE **Valhalla** DATE **Nov. 3, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **A. N. McLaughlin 2301 Lafayette Avenue**

20. FILER **J. Bredbeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 1, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 31**, 19**37**, to **Nov 1**, 19**37**.  
I last saw him alive on **Nov 1**, 19**37**. Death is said to have occurred on the date stated above, at **2:30 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Cerebral Hemorrhage (Right)** Date of onset **Oct 31**  
**Arteriosclerosis**  
**Senility**

Other contributory causes of importance:  
**hypertension**  
**Arteriosclerosis**  
**Senility**

Name of operation **none** Date of.....  
What test confirmed diagnosis? **Physical** Was there an autopsy?.....

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? **no** (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... **no**  
Nature of injury..... **no**

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) **Henry H. Hays** M. D.  
(Address) **508 N. Grand Blvd.**

STATEMENT BY LICENSED EMBALMER

I, LR Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed LR Cooper  
Licensed Embalmer No. 3633

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**