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.

REC'D JUL 20 1938

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

Do not use this space.

21791

1. PLACE OF DEATH
County Franklin — Registration District No. 296 — File No.
Township — Primary Registration District No. 4180 — Registered No.
City Union (No. , St. Ward)

2. FULL NAME Henry Brandt 65
(a) Residence, No. St., 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 61 — MONTHS 3 — DAYS 15 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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): Union Missouri

FATHER
13. NAME: Charles Henry Brandt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

MOTHER
15. MAIDEN NAME: Rose C. Emann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union, Missouri

17. INFORMANT (ADDRESS): David A Brandt St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Bethel Cemetery
PLACE Union, Mo. DATE 6/20/38, 19
19. UNDERTAKER (ADDRESS): Union Funeral Home (Wm. Horn) Union, Mo.
20. FILED June 20, 1938 Louis F. Howe M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11 20 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentaly Struck By Rocksland Train Fracture Shell and Mangled	207 M

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Coroner Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 19
Where did injury occur? Rail Road Highway (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Private Property
Manner of injury Accidently Struck by Train
Nature of injury Fracture Shell & Mangled

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Thos. P. Shoffer Coroner
(Address) Sullivan Mo