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.

REC'D AUG 24 1938

1. PLACE OF DEATH
County Franklin
Township
City Union (No. ..... St. ..... Ward)

Registration District No. 296
Primary Registration District No. 4180

File No. 25258
Registered No.

36
7
0

2. FULL NAME Anna M. Brandt 653
(a) Residence. No. Union, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	8	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Union, 0
(STATE OR COUNTRY) Missouri 0

PARENTS
10. NAME OF FATHER Charles H. Brandt 0
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri St. Louis
12. MAIDEN NAME OF MOTHER Rose C Eman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union
(STATE OR COUNTRY) Missouri

14. INFORMANT David A. Brandt
(Address) Union, Mo.

15. FILED 7/16/1938 Louis T. Howe M.D. REGISTRAR
854

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11, 1938

17. I HEREBY CERTIFY, That I attended deceased from 5/17/38, 19..., to 7/11, 1938, that I last saw her alive on 7/11/38, 1938, and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinomatosis of Gastro-intestinal origin
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic cholecystitis + Cholelithiasis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 46B-
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 5/19/38
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Pathological tissue removed at operation
(Signed) Michael S. Heppich, M. D.
, 19 (Address) Union, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Zion Cemetery	7/13/38

20. UNDERTAKER	ADDRESS
Union Funeral Home	Union, Mo