

DECD OCT 5 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31645
Do not use this space.

PLACE OF DEATH

County BatesTownship CharlotteCity St. LouisRegistration District No. 186Primary Registration District No. 5078Registered No. 4(d) Street No. 451

(If death occurred in Hospital or Institution, write its name instead of street and number)

(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 Xavier Delra Allen Brand(a) Residence, No. St. []

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Alena Allen Brand

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

Jan 6, 1868

7. AGE

YEARS

70

MONTHS

7

DAYS

12

If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as 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)

S

13. NAME

Adam Allen Brand2

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

Canada1

15. MAIDEN NAME

Rebecca Wells

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

Indiana

17. INFORMANT (ADDRESS)

Arthur Scott Butler mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mc FallsDATE Aug 21, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Culvers Butler mo.

20. FILED

Aug 19, 1938 C.A. Lusk

Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 193822. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to Aug 11, 1938I last saw him alive on Aug 2, 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis;
Chr. Myocarditis;Chronic Mitral Regurgitation

Other contributory causes of importance:

Chr. Nephritis;
Chr. Myocarditis.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) Arthur W. Lusk, M.D.(Address) Butler mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

31645-
Do not use this space.

1. PLACE OF DEATH

(a) County Cates Registration District No. 186
(b) Township Charlotte Primary Registration District No. 5078
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

Harriet Delia Allenbrand
(a) Residence, No. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. farmer several years ago
10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Aug 21, 1938 C. A. Lust Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18, 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 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify Carter W. Lester, M. D.
(Signed) Butler (Address) no

