

1933  
6660 JAN 28 1933

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

Do not use this space.

1. PLACE OF DEATH

County Chariton  
Township Brunswick  
City Brunswick (No. 653)

Registration District No. 169  
Primary Registration District No. 5235

File No. 42702  
Registered No. 33  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME FREDRICK W. BRANDT

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24 - 1867

7. AGE YEARS 71 MONTHS 3 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmwork  
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) Brunswick Mo.

FATHER 13. NAME Herman H. Brandt

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

MOTHER 15. MAIDEN NAME Christina L. Harff

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

17. INFORMANT (ADDRESS) Jerome Brandt  
Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo DATE Dec 26 1938

19. UNDERTAKER (ADDRESS) L. W. Meisick  
Brunswick Mo

20. FILED Dec 25 1938 H. E. Faturen  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/4/38 to 12/30/38, 19\_\_\_\_. I last saw him alive on 12/30/38, 19\_\_\_\_. Death is said to have occurred on the date stated above at 9:00 a.m.

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

Apoplexy  
General Atherosclerosis  
Coronary Sclerosis

Other contributory causes of importance: 94B -

Name of operation \_\_\_\_\_ 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) John M. Nelson, M. D.  
(Address) Brunswick, Mo

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.

RECEIVED  
County Health Officer No. 8,  
District File Number 118/39  
Date Filed \_\_\_\_\_