Reg'd MAR 13 1939

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

5189
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No..... Registered No. 1882

(c) City or ST. LOUIS (d) Street No. ST. ANTHONY HOSP. 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. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 653 LOUIS BRANDT

(a) Residence, No. OWENSVILLE, MO. St. NR
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18-1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	0	9	

OCCUPATION

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

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) JAN. 1939

11. Total time (years) spent in this occupation 40 YRS.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PINCKNEY MISSOURI

FATHER

13. NAME AUGUST BRANDT

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

MOTHER

15. MAIDEN NAME MINNIE LEEHOLZ

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

17. INFORMANT IDA BRANDT
(ADDRESS) Owensville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE OWENSVILLE, MO. DATE MARCH 2 1939

19. FUNERAL DIRECTOR (NAME) SUEDMEYER & SONS
(ADDRESS) 3934 N. 20th ST.

20. FILED FEB 27 1939 J. E. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/3 1939, to 2/27 1939
I last saw him alive on 2-26 1939 Death is said to have occurred on the date stated above, at 12 noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal abscess	1 wk

Other contributory causes of importance:
Empyema r chest
Lobar pneumonia

Name of operation Thoracotomy Date of 1/16/39
What test confirmed diagnosis? → Was there an autopsy? yes

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) Phil H. Scherer M. D.
(Address) 3115 S. Grand Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Geo. P. Schubert, Registered Apprentice No. ..... working under my personal supervision.

Signed Geo. P. Schubert,

Licensed Embalmer No. 2212

P. O. Address 5118 N. Kingshig

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

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