

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH5192
Do not use this space.

1885

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 or
 (c) City St. Louis Missouri (d) Street No. 5346 Patton 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Charles Henry Brandt

(a) Residence, No. 5346 Patton St. 6
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 5 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) St. Louis
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Cooper Brandt

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

MOTHER 15. MAIDEN NAME Marie Damshorden

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

17. INFORMANT David Brandt
 (ADDRESS) 5346 Patton

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Mo. DATE Feb. 28, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
 (ADDRESS) 4700 Washington Blvd.

20. FILED J. B. Brudick
FEB 27 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1938, to Feb. 26, 1939

I last saw him alive on Feb. 21, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Acute Sclerema of Neck
Myocardial Insufficiency
Chronic Myocarditis
Edema of Lung, no pneumonia

Date of onset

Other contributory causes of importance:

Seriously
nephrotic-chronic

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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. P. Murphy, M. D.

(Address) 2616 N. Kingshighway
St. Louis 3rd

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 *J. G. S. M. P. W. A. W.*.....

Licensed Embalmer No. *1122*.....

P. O. Address *4700 Washington*.....

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.