

REC'D DEC 13 1939

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

Do not use this space.

39389

1. PLACE OF DEATH

County Cole Registration District No. 213  
Township Jefferson Primary Registration District No. 3014  
City Jefferson City (No. St. Manual Hospital)

File No. \_\_\_\_\_  
Registered No. 274 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Jefferson City Wm. Ward.

(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. L. C. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-23-1904  
7. AGE YEARS 35 MONTHS 5 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Laborer  
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, 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) Russellville Cole

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

13. NAME Frank Brandt Sr.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Conn.  
15. MAIDEN NAME Hefmachele  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spadesville Ind.

17. INFORMANT (ADDRESS) Andy Brandt Lafayette Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 11-28-39 Russellville

19. UNDERTAKER (ADDRESS) Hugo H. Schubert 1555 W. Main St. Louis

20. FILED 11-27-39 St. Manual Hospital Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Nov 23 1939 to Nov 26 1939. I last saw him alive on Nov 26 1939. Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:  
Brain injury - (from fall from roof of Hallway) cerebral vessel in that vicinity 11-23  
Other contributory causes of importance: Pulmonary edema 11-25

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident (Date of injury) 11-23-39  
Where did injury occur Hallway Co. (Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place. Struck on shoulder of Highway  
Manner of injury hit by car while crossing  
Nature of injury struck on head

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. W. ... M. D.  
(Address) Jefferson City

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.

cert for  
Special Agent