

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: HOME
(a) County _____
(b) City or town St. Louis FILED FEB 17 1940
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 4932 Lindenwood Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Earl W. Brandy 653
3. (b) If veteran, name war World War 3. (c) Social Security No. 488-03-5473

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nova Brandy 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased May 1, 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>8</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Mt. Clemons Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation State Superintendent

11. Industry or business Texas Company

MOTHER FATHER
12. Name George Brandy 9
13. Birthplace Unknown ?
(City, town, or county) (State or foreign country)
14. Maiden name May Smalley ?
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nova Brandy (Wife)
(b) Address 4932 Lindenwood Ave., City
17. (a) Burial (b) Date thereof 1/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director (C) Hoffmeister & Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.
JAN 16 1940
19. (a) _____ (Date received local registrar) (b) _____ (Signature of registrar)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 16
year 1940 hour 1:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from Dec 30
1940, 19____, to Jan 16, 1940
that I last saw him alive on Jan 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 1 day
Due to Bronchial Pneumonia 13 day
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 107
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature (C) Hoffmeister & Co. (M. D. or other) _____
Address 547 So Grand Date signed 1-17

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
U.S. GPO: 1939

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.

Dr. Runt
5417 So. Grand

11-1

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 Edwin H. Leisinger

Licensed Embalmer No. 4049

6464 Chippewa St.,
P. O. Address St. Louis, Missouri.

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.