

JUN 13 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18372

Do not use this space.

1. PLACE OF DEATH

(a) County Gazette
 (b) Township Rural
 (c) City

Registration District No. 303Primary Registration District No. 5420

Registered No.

(d) Street No. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 153 Edward Brandhorst
Hermann Otto Rural
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Iida Brandhorst</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 31-1865</u>		
7. AGE <u>75</u>	YEARS <u>3</u>	MONTHS <u>3</u>
DAYS <u>3</u>		IF LESS than 1 day, ... hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>May 1939</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Herman Mo.</u>		
FATHER	13. NAME <u>Henry Brandhorst</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Roethemeyer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (NAME) (ADDRESS) <u>Edwin Brandhorst</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herman</u> DATE <u>May 4</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. R. Rupp</u>		
20. FILED <u>S-4</u> 19 <u>40</u> <u>Anna R. Riehoff</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 1</u> 19 <u>40</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr 9th</u> 19 <u>39</u> , to <u>May 1</u> 19 <u>40</u> I last saw him alive on <u>May 1</u> 19 <u>40</u> . Death is said to have occurred on the date stated above, at <u>10:30 AM</u> . The principal cause of death and related causes of importance were as follows: <u>Cerebritis - Brain Tumor</u> <u>Herpes - Zoster</u> <u>Right Side</u> Other contributory causes of importance: <u>Chronic Nephritis</u> <u>31</u> Name of operation <u>none</u> 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 <u>✓</u> Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Howard W. Sherman</u> M. D. (Signed) <u>274</u> (Address) <u>Herman Mo.</u>

(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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. R. Rudolph

Licensed Embalmer No. 2044

P. O. Address Herman Ne

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.