

S. No. 2
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Registration District No. 21 1003
 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (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 _____ (Specify whether
 in this community _____ years, months or days)

3. (a) PRINT FULL NAME Anna M. Brandle

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Brandle 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: October 18 1875
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace Waterloo Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Pieper

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Keller

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Edward Brandle

(b) Address 3417 Osage

17. (a) Burial (b) Date thereof 7/1/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director [Signature]
 (b) Address 3013 Meramec

19. (a) Jun 20 1941 (b) [Signature]
 (Date of issue by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3417 Osage
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
 year 1941 hour 10.20 minute P. M.

21. I hereby certify that I attended the deceased from April 15
 _____ 1941 to June 25 1941
 that I last saw her alive on 4 _____ 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death General Thrombosis
 Due to Consumption of morphine

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations no
 Of autopsy no
 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)
 (a) Means of injury _____
 23. Signature Martin J. Slaver (M. D. or other) _____
 Address 506 Olive St. Date signed 6/20/41

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

11 To 3
506 Meramec

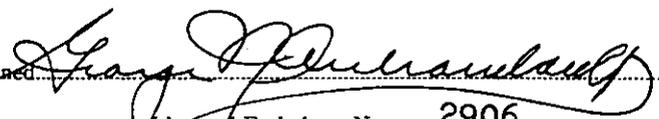
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. _____

working under my personal supervision.

Signed 
Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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, fact should be so stated above.