

MAILED AUG 15 1941

Registration District No. 771

Primary Registration District No. 5419

Registrar's No. 3

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town THIRD CREEK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 70 YEARS (Specify whether)
* years, months or days

8. (a) PRINT FULL NAME ALBERTINA CAROLINA BRANDHORST

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife HENRY C. BRANDHORST 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased JUNE 15 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 12 If less than one day x hr. 3 min.

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

10. Usual occupation HOUSEWORK

11. Industry or business

12. Name JOHN BOERLISH

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

14. Maiden name CAROLINA ALBRECHT

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

16. (a) Informant Miss Olivia Brandhorst

(b) Address Blanch, Mo. Route 2

17. (a) BURIAL (b) Date thereof JULY 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOOLAM, METHODIST

18. (a) Signature of funeral director J. L. Cottonmaster

(b) Address Oregonville, Mo.

19. (a) 7-29-1941 (b) J. C. Price
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Woolam Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A? 70 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day July
year 1941 hour 2:36 minute 40 M.

21. I hereby certify that I attended the deceased from April 16 1941, to July 27 1941.
that I last saw him alive on July 26 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of brain & stop

Due to Thrombosis

Due to Old age

Other conditions 1128
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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 Edna Mellies (M. D. or other) 1

Address Oregonville Mo Date signed 7-29-41

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

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

Melford Winter

Licensed Embalmer No.

3838

P. O. Address

Owensville Mo

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.