

1. PLACE OF DEATH:

(a) County _____
 (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 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)

8. (a) PRINT FULL NAME Carolyn Virginia Brandewiede

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 25, 1941
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>6</u>	hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
 12. Name Allan Brandewiede
 13. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Laurine Fournies
 15. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Allan Brandewiede
(b) Address 4503a Rosa Avenue17. (a) Burial (b) Date thereof Sep. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Marcus Cem.18. (a) Signature of funeral director Wm J. Robert R. + Co.
(b) Address 1905 So. Grand Blvd.19. SEP 1 1941 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4503a Rosa Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1941 hour 7 minute 30 A M.21. I hereby certify that I attended the deceased from Aug 25 1941,
to Aug 31 1941;
that I last saw her alive on Aug 30 1941,
and that death occurred on the date and hour stated above.Immediate cause of death Bronchial pneumonia Duration 3 daysDue to Congenital esophageal
obstruction & stomach-bronchialDue to Fracture, Congenital
anomalies.Other conditions _____
(Include pregnancy within 3 months of death)Major findings: 1578
Of operations _____Of autopsy _____
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?

 (Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Walter M. Smith (M. D. or other) _____
Address 4145 So Grand Date signed 9-2-41

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.....

not embalmed......, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.