

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

p. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33433**
Registrar's No. **8389**

FILLED NOV 24 1941

1003

Registration District No. **791**

Primary Registration District No. _____

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. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JOHN H. E. BRANDAU

3. (b) If veteran, name war _____
3. (c) Social Security No. 493-01-8495

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

6. (b) Name of husband or wife Louise Dickmeyer Brandau
6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 9th 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 11 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Superintendent

11. Industry or business Wholesale Drug

12. Name John Brandau

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

14. Maiden name Emilie Hoelscher

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Brandau
(b) Address 4930 Delor

17. (a) Burial (b) Date thereof Oct. 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN FU. HOME, INC.
(b) Address 1936 St. Louis Avenue

19. (a) OCT 23 1941 (b) J. F. Brandau
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 19
(d) Street No. 4930 Delor (If rural, give location) 9 14
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1941 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from October 19 1941 to October 20, 1941
that I last saw him alive on October 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration TWO
days.

Due to Hypertension.

Due to _____

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

Major findings: Of operations _____

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) NO

(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) (M. D. or other)

23. Signature Frederick G. Grook

Address Paul Brown Bldg. Date signed Oct. 21

Dr. Frederick C. Brooks

Paul Brown Slog

OCT 10 1945



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.....

Dale Harness

Registered Apprentice No. *293*

working under my personal supervision.

Signed.....

Felix J. Kispin

Licensed Embalmer No. *3497*

P. O. Address.....

1936 St. W.

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.