

FILED MAR 11 1942 791

State File No. _____
Registrar's No. 2057

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Ann's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two months
(Specify whether years, months or days)

8. (a) PRINT FULL NAME James Brandt

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 28 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>3</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name Norine Christine Brandt

15. Birthplace Loose Creek Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant St. Ann's Hospital

(b) Address 5301 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/1942
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Walter Walters

(b) Address 5301 Page

19. (a) MAR 5 - 1942 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. St. Ann's Hospital
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1942 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from March 3rd
1942 to March 5th 1942
that I last saw her alive on March 4th
and that death occurred on the date and hour stated above.

Immediate cause of death Upper Respiratory Infection
(Nature undetermined)

Due to _____
Due to _____

Other conditions Acute glomerulonephritis
(Include pregnancy within 3 months of death)

Major findings: convulsions
Of operations _____
Of autopsy _____

Duration 3 days
PHYSICIAN 12 hrs
2 hrs
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)
(e) Manner of injury _____

23. Signature July W. Boyd (M.D. or other) _____

Address 1847 Lexington Date signed _____

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.....
....., 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.