

FILED APR 13 1942

Registration District No. **7097**

Primary Registration District No. **1009**

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

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:
4960 Davison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 82 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4960 Davison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1942 hour 8 minute 10 P.M.
21. I hereby certify that I attended the deceased from Jan. 15
1942 to Mar. 23 1942
that I last saw her alive on Mar. 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis
Duration Don't know
Due to.....
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.

3. (a) PRINT FULL NAME Barbara Brandenburg

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 Widowed

6. (b) Name of husband or wife Wm. Brandenburg 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased April 11 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name Wm. Obernier

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

14. Maiden name Unknown Klein

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

16. (a) Informant Mrs. Nettie Gaus
(b) Address 4960 Davison

17. (a) Burial (b) Date thereof 3 27 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director W. F. Beedeck
(b) Address 2934 N. 20th St.

19. (a) MAR 25 1942 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

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 Ronald R. Mumm (M. D. or other) 3/24/42
Address 1330 Geraldine Date signed.....

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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..... *Alfred J. Boedecker*
Licensed Embalmer No. *2663*
P. O. Address *5934 Alpha*

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.