

Registration District No. 293

Primary Registration District No. 4177

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Pacific
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4939 Russell Blvd
4139 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward J. Brandt
3. (b) If veteran, name war No
3. (c) Social Security No. 702-14-4402

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1942 hour 1 minute 55 A.M.
21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate Brandt
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Aug 23 1884
(Month) (Day) (Year)

Immediate cause of death _____
Duration _____
Puncture wound of the abdominal wall around the umbilical region.
Due to Multiple perforations of the intestines.
Multiple fractures of vertebrae (lumbar region).
Due to Multiple fractures of ribs (from 1st to 10th on left side of chest).

8. AGE: Years Months Days If less than one day
58 8 9 _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
Puncture wound of the lumbosacral region, left side with intestinal protrusion.
Major findings: Multiple lacerations of right elbow forearm. Multiple fractures of left ribs.
Caught in coupling while switching cars on Mo-Pac R.R. & crushed to death.

9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation Brakeman + Conductor Mo. Pac.
11. Industry or business MO. PACIFIC RAILWAY CO.
12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

PHYSICIAN
Operation _____
_____ (Signature)
_____ (Address)
_____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Brandt
(b) Address 4139 Russell Blvd. St. Louis Mo.
17. (a) Burial (b) Date thereof 5/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus
18. (a) Signature of funeral director Peets
(b) Address 3029 Lafayette
19. (a) 5/14/42 (b) Clayton P. Pipher
(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) Accident - 36
(b) Date of occurrence May-14-1942
(c) Where did injury occur? Pacific Franklin Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad right-of-way
While at work (Specify type of place) (Specify means of injury)
23. Signature Harold P. Ottmann (Physician or other)
Address Harold, Missouri Date signed 5-14-42

1118

MAY 21 1942
MAY 26 1942
MAY 28 1942

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..... *Jno. S. Thibbs*
Licensed Embalmer No. *3048*
P. O. Address..... *Pacific, 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, fact should be so stated above.