S. No. 2
—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22632

Filed JUL 28 1942 791

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 6012

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 P. mo to 5 am (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JEFFERSON
(c) City or town FESTUS
(If outside city or town limits, write "RURAL")
(d) Street No. R. # 2.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Mrs. Louisa Fredericka Brand

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife VALENTINE BRAND

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased MARCH (Month) 21ST (Day) 1876 (Year)

8. AGE: Years 66 Months 3 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSE-WORK

11. Industry or business OWN HOME

MOTHER FATHER

12. Name HENRY UNDERBERG

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

14. Maiden name KATHERINE MAUER

15. Birthplace FREEBERG (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant Edward J. Brand

(b) Address Festus, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 17, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo

18. (a) Signature of funeral director Gentry R. Politte

(b) Address Crystal City, Mo.

19. (a) JUL 16 1942 (Date received local registrar) (b) W. F. Bishop (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1942 hour 5 minute 15 a. M.

21. I hereby certify that I attended the deceased from July 14, 1942 to July 15, 1942 that I last saw he alive on July 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 3 da.

Due to Hypertensive Heart Disease ?

Due to .....

Other conditions Adenoma of Thyroid (Include pregnancy within 3 months of death) — 20 yrs.

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) .....
(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 H. R. Bradley (M. D. or other)
Address Barnes Hosptial Date signed .....

844 (Licensed Embalmer's Statement on Reverse Side)

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 Gustry R. Politte

Licensed Embalmer No. 3481

P. O. Address Crystal City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.