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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25697

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7099

1. PLACE OF DEATH:
(a) County: St. Louis
(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. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 30 yr

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.: 1817 a Warren (If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country

3. (a) PRINT FULL NAME: Alma Brandhoefer
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: f. 1
5. Color or race: W.
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: April (Month) 5 (Day) 1880 (Year)
8. AGE: Years 62 Months 4 Days 18 If less than one day hr. min.
9. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Housewife
FATHER 12. Name: Herman Amus 4
FATHER 13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Marie Freund
MOTHER 15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Albert Brandhoefer
(b) Address: 1817a Warren
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 8/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation: St Marys Cem
18. (a) Signature of funeral director: E. Carl White
(b) Address: 4259 Lindell
19. (a) AUG 24 1942 (Date received local registrar) (b) J. F. Budack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1942 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Enlargement of the heart
Due to: Hypertensive heart disease
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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: Frank H. Fleiberg (M. D. or other) M.D.
Address: St Louis City Hosp. Date signed 8-23-42

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.