

FILED AUG 20 1942
Registration District No. 791

Primary Registration District No. 100E

100
17
9

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:
2645a Chippewa Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
 (c) City or town St. Louis 9 24
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2645a Chippewa
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mr. Henry Brandhorst, St.
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
 year 1942 hour 4 minute 00 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Mrs. Sophia Brandhorst
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased February 8, 1857
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 30 - 42
 1942 to Aug 10 1942
 that I last saw him alive on Aug 9 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 6 2
 hr. min.

Immediate cause of death:
Cerebral Arteriosclerosis
 Due to Artero-Sclerosis

9. Birthplace Minden Germany
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
83 a!
87 a!

10. Usual occupation Carpenter
 11. Industry or business Various

PHYSICIAN
 Major findings: None
 Of operations.....
 Of autopsy none
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Unknown
 13. Birthplace.....
 14. Maiden name Unknown
 15. Birthplace.....

16. (a) Informant Mrs. Sophia Brandhorst
 (b) Address 2645a Chippewa
 17. (a) Burial (b) Date thereof Aug. 13, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cemetery

22. If death was due to external causes, fill in the following: No
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence none
 (c) Where did injury occur? none
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
 * While at work? no (Specify type of place) Means of injury None

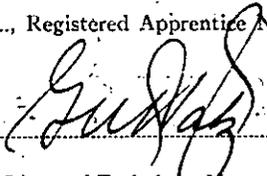
18. (a) Signature of funeral director Beiderwieden F. H. Inc
 (b) Address 1936 St. Louis Avenue
 19. (a) AUG 12 1942 J. F. Brucke
 (Date of death) (Registrar's signature)

23. Signature J. F. Brucke (M. D. or other) D
 Address No. 8, 1657 So Grand Blvd signed 8-10-42

Dr. T. A. O'Brien
1657 S. Grand
3-5:30

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. 3737
P. O. Address: 1936 St. Louis Ave.

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.