

FILED NOV 6 1942 318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9043

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community 25 Years in St. Louis
years, months or days)

3. (a) PRINT FULL NAME Jacob Brand

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-01-8800

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Married

6. (b) Name of husband or wife Marietta Brand 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 2nd, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 27 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Brand

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

14. Maiden name UNKNOWN

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

16. (a) Informant Marietta Rohlfing

(b) Address 3524 Oregon Ave.

17. (a) Burial (b) Date thereof Nov 2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Ills.

18. (a) Signature of funeral director Thorlites & Son

(b) Address 2906 Gravois Ave.

19. (a) OCT 30 1942 (b) J. P. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2019 A Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1942 hour 1:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 25, 1942, to October 29, 1942, that I last saw him alive on October 29, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of the liver
Syphilitic

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Refused

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 Don Peteren (M. D. or other) _____

Address 1515 Lafayette Avenue Date signed 10/29/42

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

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 *David Van Fossan*
Licensed Embalmer No. *4243*
P. O. Address *2906 Harris*

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.