

FILED JAN 15 1948

Registration District No. 784

Primary Registration District No. 2nd

9600

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1343 LeRoy Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 1343 LeRoy Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Henry B. Brand

3. (b) If veteran, name war None

3. (c) Social Security No. W-111-1111

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary P. Brand nee Pycke

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased December 11, 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th
year 1942 hour 8:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from July 31, 1941 to Dec 14, 1942

that I last saw him alive on on Dec 7 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>0</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death Casinsama of left kidney and arteriosclerosis

Due to _____

Due to _____

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

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

10. Usual occupation Machinist

11. Industry or business Retired

12. Name Herman H. Brand

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

14. Maiden name Sophia Brockhoff

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

16. (a) Informant Mrs Mary P. Brand

(b) Address 1343 LeRoy Ave

17. (a) Burial (b) Date thereof 12/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taos, Missouri

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) DEC 15 1942 (b) C. D. McHaran
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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? None (Specify type of place)

(e) Means of injury None

23. Signature Ralla Presoy (M. D. or other) _____
Address 401 East _____ Date signed 12/15/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

DEC 27 1945

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 William G. Buchholz
Licensed Embalmer No. 2110
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.