. S. No. 2
0M—5-42
. 5-17-39
I X3287

36
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17778

Registration District No. 43

Primary Registration District No. 5431

Registrar's No.

1. PLACE OF DEATH:

(a) County FRANKLIN.

(b) City or town RURAL-PRAIRIE-TWP.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO. (b) County 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Albert Brandt

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ADA BRANDT

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

7. Birth date of deceased APRIL (Month) 28- (Day) 1888 (Year)

8. AGE: Years 54 Months 10 Days 29 If less than one day hr. min.

9. Birthplace SULLIVAN (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation FOREMAN

11. Industry or business SCULLINS STEEL Co.

FATHER
12. Name CHAS. BRANDT.
13. Birthplace SULLIVAN (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name NANCY BLANTON
15. Birthplace SULLIVAN (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant ADA BRANDT

(b) Address 6833 BALOON. ST. LOUIS MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETARY

18. (a) Signature of funeral director CASEY & LENOX

(b) Address ST. CLAIR MO.

19. (a) 3/22/43 (Date received local registrar) (b) R. J. King Sr. (Registrar's signature)

5/12/43 11 00

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21
year 1943 hour minute 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

Due to Coronary Thrombosis

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.

9 4 a

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 Ernst L. Ittmann Coroner (or other)

Address Gerald Missouri Date signed 5/11/43

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1946

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 Jno. L. Thiebes

Licensed Embalmer No. 3008

P. O. Address Pacific 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.