

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

FILED JUL 10 1943
Registration District No. 37

Primary Registration District No. 6076

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 years
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town Manchester
(If outside city or town limits, write "RURAL")
 (d) Street No. Manchester Nursing Home 3
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mathilda Clara Brandt
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased April 17, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 16 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER { 12. Name Joachim Brandt
 13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
 14. Maiden name Adelheid Wilshusen
 15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Brandt
 (b) Address 704 Y Adelaide Ave

17. (a) Burial (b) Date thereof July 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Peutz Funeral

(b) Address 4828 Natural Bridge Blvd, Home

19. (a) JUL 6 1943 (b) C. D. M. Furman 96
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3, year 1943 hour 11 minute P. M.
 21. I hereby certify that I attended the deceased from 1-1-42 1943 to 7-3 1943
 that I last saw h. h. alive on 7-3 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chr. myocarditis
Auricular fibrillation 3 mo

Due to.....
 Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy..... 930

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 C. H. Denny (M. D. or other) Thud
 Address Creve Coeur, Mo. Date signed 7-5-43

Duration
 3 mo
 Underline the cause to which death should be charged statistically.

April 109
9 2 2

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.....
Salom J. Peck..... Registered Apprentice No.....
working under my personal supervision.

Signed *Salom J. Peck*.....
Licensed Embalmer No. *2927*.....
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.