

S. No. 2
M-2.43
5-17-39
1 X35857

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22812**
6378
Registrar's No.

FILED JUL 24 1943

Registration District No. **318** Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Faith Hospital**
(d) Length of stay: In hospital or institution
In this community **0** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis**
(d) Street No. **1219a Warren St.**
(e) Citizen of foreign country? **0**

3. (a) PRINT FULL NAME **Minnie Brandt**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced, wid. **Divorced Wid.**
6. (b) Name of husband or wife **Henry Brandt**
6. (c) Age of husband or wife if alive **Deed.**
7. Birth date of deceased **April 13th, 1858**

8. AGE: Years **85** Months **3** Days **0**
If less than one day hr. min.

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

10. Usual occupation **Housework**

11. Industry or business

MOTHER FATHER

12. Name **? Rohlfing**
13. Birthplace **Dont Know 9**
14. Maiden name **Dont Know**
15. Birthplace **Dont Know 9**

16. (a) Informant **Robert Welbes**

(b) Address **3478 WILLIAMS PL.**

17. (a) **Burial** (b) Date thereof **7-16-43**
(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Provost Und. Co.**
(b) Address **3770 N. Grand Bl.**

19. (a) **JUL 14 1943** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13th.**
year **1943** hour **5:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **6-4-** 19**43** to **6-13-** 19**43**
that I last saw h. **er** alive on **6-13-** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia, left lobar 4 days**
Due to **Myocardial Failure ?**
Due to **Hypertension, malignant ?**
Other conditions: **Arteriosclerosis, ess. ?**

Major findings: **none**
Of operations **none**
Of autopsy **none**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (d) Means of injury **0**
23. Signature **Nicholas Vitalone MD**
Address **3861 St. Louis** Date signed **7/13/43**

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

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 *Robert L. Pinkman*

Licensed Embalmer No. *3553*

P. O. Address *3710 N Grand*

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.