

FILED NOV 18 1943  
Registration District No. **818**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis,**  
(b) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Josephine Heitkamp Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days) **0**

3. (a) PRINT FULL NAME **Ottilie 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 **Widowed**  
6. (b) Name of husband or wife **William Brandt** 6. (c) Age of husband or wife if alive **--** years  
7. Birth date of deceased **July 6, 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**72 3 25** hr. min.

9. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

MOTHER FATHER  
12. Name **Henry Brennecke**  
13. Birthplace **Germany** (City, town, or county) (State or foreign country)  
14. Maiden name **Antis**  
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Brandt**

(b) Address **4247 Lafayette Avenue**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11 4 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Walter Hildebrand**

(b) Address **3634 Gravois Ave.**

19. (a) **NOV 2** (Date received local registrar) (b) **J. P. Bruders** (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. **4338 Virginia** (If rural, give location)  
(e) Citizen of foreign country? **--** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1** year **1943** hour **3** minute **0** M.

21. I hereby certify that I attended the deceased from **10-26-43** to **11-1-43**

that I last saw **her** alive on **11-1-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Surgical obstruction of right femoral hernia** Duration

Due to **11/1/43**

Due to **11/1/43**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Surgium illin** Of operations **peritonitis** Of autopsy **None** PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **Philip Schuck** (M.D. or other)

Address **1702 Grand** Date signed **11-2-43**

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

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**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 C. Wheeler  
Licensed Embalmer No. 3178  
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.**