

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATION HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day
In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis county
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2751 Granda Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME JAMES H BRANDT

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 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 July 13 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 6 25 -- hr. -- min.

9. Birthplace Minneapolis Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Edwin (None) Brandt

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

14. Maiden name Dorothy M (Unknown)

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

16. (a) Informant Clinical Record
(b) Address Sta Hosp, Jefferson Bks, Mo

17. (a) Removal (b) Date thereof Feb. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Minneapolis, Minn.

18. (a) Signature of funeral director C. Hoffmeister U.S.L.C.
(b) Address 7814 S. Broadway

19. (a) FEB 11 1944 (b) E. J. Lawrence, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day Eighth
year 1944 hour 2:35 minute A M.

21. I hereby certify that I attended the deceased from February 7 1944 to February 8 1944
that I last saw him alive on February 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis, Cerebro-spinal (epidemic)--Acute

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Confirmed above

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?

23. Signature of physician W. B. Bernhart, M.D. (Specify type of plate)
W. B. Bernhart, M.D. (d) Means of injury _____
Address Sta Hosp, Jefferson Bks, Mo (M.D. or other) MD
Date signed 9 Feb 1944

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

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.....

Paul A. Shanley..... Registered Apprentice No.....
working under my personal supervision.

Signed *Paul A. Shanley*.....

Licensed Embalmer No. *3472*.....

P. O. Address *791A So. Broadway*.....

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.