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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 [illegible]

Registration District No. 3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19043

Primary Registration District No. 2002

Registrar's No. 1170

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8121 Gannon Ave. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 91

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 8121 Gannon Ave. 5
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Helena Brandenburger

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Late John A. Brandenburger

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

7. Birth date of deceased May (Month) 21st (Day) 1875 (Year)

8. AGE: Years 69 | Months 0 | Days 1 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Frank B. Charbulak
13. Birthplace Unknown (City, town, or county) Bohemia 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Bohemia 4 (State or foreign country)

16. (a) Informant Lillian B. Paull

(b) Address 8121 Gannon Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-25-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bunker Hill Illinois

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 26 1944 (Date received local registrar) (b) E. B. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1944 hour 7:45 minute P.M.

21. I hereby certify that I attended the deceased from September, 1943 to May 23, 1944 that I last saw her alive on May 23, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary oedema uremia	2 weeks
Due to: Carcinoma of stomach	2 years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46 h	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other) M.D.

Address 1045 Mo. Theatre Bldg. Date signed 5/23/44

(Licensed Embalmer's Statement on Reverse Side)

Mr. Franz C. Stern
Mo. Theatre Bldg. Je:5014
Ca. 0700 2-4

JUN 12 1949

JUN 6 1949

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 Richard W. Stonesand

Licensed Embalmer No. 4007

P. O. Address.....

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.