S. No. 2
0M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35694

FILED NOV 22 1948

Registration District No.

Primary Registration District No. 1002

Registrar's No. 9551

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17
9

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2645a Chippewa
(If not in hospital or institution, write street number or location)

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

In this community 57 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2645a Chippewa
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Brandhorst, Sophia

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry Brandhorst Sr.

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

7. Birth date of deceased May (Month) 30 (Day) 1869 (Year)

8. AGE: Years 75 Months 5 Days 10 If less than one day hr. min.

9. Birthplace St. Rose (City, town, or county) Illinois (State or foreign country)

10. Usual occupation At Home

11. Industry or business —

FATHER 12. Name Rudolph Bloemker

13. Birthplace — (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name Charlotte Selemyer

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

16. (a) Informant Emil Brandhorst

(b) Address 2645a Chippewa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1936 St. Louis Ave.

19. (a) NOV 10 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1944 hour 8 minute (A. M.)

21. I hereby certify that I attended the deceased from Nov 9th 44, 19 to Nov 9th 44, 19 that I last saw her alive on Nov 9 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteria Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? No (e) Means of injury None

23. Signature J. A. O'Brien M.D. (M. D. or other)

Address 1657 So Grand Blvd Date signed Nov 10-44

(Licensed Embalmer's Statement on Reverse Side)

Mr. T. A. O'Brien
1657 So. Grand
Office #8

3-5 P.M.

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.