

FILED FEB 13 1945
Registration District No. **317**

Primary Registration District No. **3064**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:
5915 Bermuda
(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 **over 50 Years** / _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Annie Brand**

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 **married**

6. (b) Name of husband or wife **John H. Brand**

6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **Feb. 17 1860**
(Month) (Day) (Year)

8. AGE: Years **84** Months **11** Days **7** If less than one day hr. _____ min. _____

9. Birthplace **Cole County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Terry Elder**

13. Birthplace **Virginia Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Julliana Snider**

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

16. (a) Informant **John H. Brand**

(b) Address **Ferguson, Mo**

17. (a) **Burial** (b) Date thereof **Jan. 26 '45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. John's Cemetery**

18. (c) Signature of funeral director **J. M. White**

(b) Address **Ferguson, Mo**

19. (a) **JAN 29 1945** (b) **E. Y. McShurans**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Ferguson**
(If outside city or town limits, write "RURAL")

(d) Street No. **5915 Bermuda**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **24**
year **1945** hour **1** minute **30** AM.

21. I hereby certify that I attended the deceased from **Jan 1941** to **1/23 1945**
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis (oedema of lungs)** **3 hrs.**

Due to **senility - arterio-sclerosis - sclerotic chr. myocarditis**

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **Q32**

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 **0**

Signature **W. B. Hughes** (M. D. or other) **M.D.**
Address **Ferguson, Mo** Date signed **1/25/45**

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

6
6
2

JUN 3 1915

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 *L. M. White*
Licensed Embalmer No. *3973*
P. O. Address *Perquimans*

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.