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ev. 5-17-39
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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. 7075

FILED MAR 5 1945

Registration District No. 3064

Primary Registration District No. 3064

Registrar's No. 493

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 Ave.
(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

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 Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John H. Brand
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Annie Brand
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 3 (Day) 1861 (Year)

8. AGE: Years 83 Months 7 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Truck Farming
11. Industry or business
MOTHER FATHER
12. Name Claus Brand
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Jurra Smith
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Claus Brand
(b) Address Ferguson, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery
18. (a) Signature of funeral director L. M. White
(b) Address Ferguson, Mo.
19. (a) FEB 20 1945 (Date received local registrar) (b) E. G. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1945 hour 12:30 minute A. M.
21. I hereby certify that I attended the deceased from Jan 2/15, 1940, to 2/15, 1945 that I last saw him alive on 2/15, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary oedema	2 days
Due to Chronic Myocarditis	?
Arteriosclerosis	?
Due to	
Other conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death)	10 days

Major findings:
Of operations —
Of autopsy — 93d

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 —
23. Signature Geo. Hughes (M. D. or other) M.D.
Address Ferguson Mo. Date signed 3/18/45

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1945

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. G. White

Licensed Embalmer No. 3973.

P. O. Address Ferguson

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.