

FILED DEC 23 1946

318

Registration District No. _____

1003

Primary Registration District No. _____

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

40985

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: St. Anthony's Hospital
(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 Missouri (b) County 020

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 2501a S. 9th Street 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Frieda Brandes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1946 hour 6 minute 30 A.M.

3. (b) If veteran, name war no

3. (c) Social Security No. no

21. I hereby certify that I attended the deceased from March, 1946 to Nov 28, 1946
that I last saw her alive on 27 Nov, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single

Immediate cause of death Bronchial asthma Coronary Artery Disease 11mo
5mo

Due to _____

Due to _____

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

7. Birth date of deceased May 19, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 9 hr. _____ min.

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

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name William Brandes

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

14. Maiden name Katherine Wafflor

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

16. (a) Informant Edna Brandes
(b) Address 2501a S. 9th Street

17. (a) Cremation (b) Date thereof: Nov. 30, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Weick Brothers
(b) Address 2201 S. Grand Bl.

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 11

19. (a) NOV 29 1946 (b) J. F. Brandes
(Date received local registrar) (Registrar's signature)

23. Signature Charles A. Nestel (M. D. or other) 11
Address 5600 S. Compton Date signed 29 Nov 46

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 Ray A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Pineburgville

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.