

7. S. No. 2  
FORM-5-43  
rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

2275

FILED FEB 3 1947  
518

State File No. \_\_\_\_\_

688

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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:  
4938 Lansdowne Ave  
(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 06-0  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 14/17  
(d) Street No. 4938 Lansdowne Ave  
(If rural, give location) 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Katharina Brandenburger

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 Widow

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

7. Birth date of deceased September 18 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 4 2 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name ???? Funk

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

14. Maiden name Unknown

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

16. (a) Informant George O. Owens

(b) Address 4938 Lansdowne Ave

17. (a) Removal (b) Date thereof 1-22-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Illinois

18. (a) Signature of funeral director J. F. Brudeck

(b) Address 6409 Gravois Ave

19. (a) JAN 21 1947 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day January  
year 1947 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from July 15<sup>th</sup>  
1945 to January 20<sup>th</sup> 1947  
that I last saw her alive on January 20<sup>th</sup> 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Chronic Myocarditis. 10 yrs.

Due to Hypertension. 10 yrs.

Due to Arterio-sclerosis. 15 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Albert Berbarth (M. D. or other) MD  
Address 3606 Gravois Ave Date signed 1/21-47

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

MOTHER FATHER

No. 11121  
3606  
La. 3637

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**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 Homer W. Fritz  
.....  
Licensed Embalmer No. 3882  
.....  
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.**