

No. 2  
12-45  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 25 1947**

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

State File No. **14884**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2965**

**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:  
3319 Abner Place  
(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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County.....

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

(d) Street No. 3319 Abner Place  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Harry L. Brand

3. (b) If veteran, name war. War #I

3. (c) Social Security No. 497-I6-2225

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month April day 14th  
year 1947 hour 12 minute 08 M.

21. I hereby certify that I attended the deceased from..... to.....  
that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... 35 years

7. Birth date of deceased April 19th, 1895  
(Month) (Day) (Year)

Immediate cause of death.....  
Chronic Endocarditis

Due to.....  
Chronic Cholesterolemia

Due to.....  
Hypertension

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

**8. AGE:** Years 51 Months 11 Days 25  
If less than one day hr. min.

Major findings:  
Of operations.....  
Of autopsy.....

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Clerk

11. Industry or business.....

12. Name Henry Brand

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

14. Maiden name Lena Hoecker

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

16. (a) Informant Wife

(b) Address 3319 Abner Place

17. (a) Burial (b) Date thereof. 4/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat. Cem. Jeff. Barracks

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?

18. (a) Signature of funeral director Kraeger-Voss, Inc.

(b) Address 3402 N. Kingshighway

19. (a) APR 16 1947 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

23. Signature Robert E. Taylor (M. D. or other)  
Address..... Date signed 4/16/47

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

6000  
17  
9  
0

**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 *Myrtle Wilkinson*

Licensed Embalmer No. 3575

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.**