

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County...
(b) City or town... St. Louis, Missouri
(c) Name of hospital or institution: St. Lukes Hospital
(d) Length of stay: In hospital or institution... 5 weeks
In this community... life

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... St. Louis
(c) City or town... Richmond Heights
(d) Street No... 1247 Arch Terrace
(e) Citizen of foreign country? (Yes or No) NR

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

3. (a) PRINT FULL NAME... Raymond K. Brandenberger

3. (b) If veteran, name was... 3. (c) Social Security No... 489-01-0163

4. Sex... M. 5. Color or race... W. 6. (a) Single, widowed, married, divorced... M.
6. (b) Name of husband or wife... Pearl A. Brandenberger 6. (c) Age of husband or wife if alive... 55 years
7. Birth date of deceased... October 20 1891

8. AGE: Years... 55 Months... 6 Days... 20 If less than one day... hr. min.

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

10. Usual occupation... Salesman
11. Industry or business... Interstate Supply Company

MOTHER FATHER
12. Name... Herman Brandenberger
13. Birthplace... St. Louis, Mo.
14. Maiden name... Lena Kunkel
15. Birthplace... Mexico, Mo.

16. (a) Informant... Mrs. Pearl A. Brandenberger
(b) Address... 1247 Arch Terrace
17. (a) burial (b) Date thereof... May 12, 1947

(c) Place: burial or cremation... Oak Hill
18. (a) Signature of funeral director... Alexander Horn
(b) Address... 6175 Delmar
19. (a) MAY 12 1947 (b) J. F. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... May day... 10
year... 1947 hour... 1: minute... 00: A. M.

21. I hereby certify that I attended the deceased from... March 13 1947 to... May 9 1947
that I last saw him alive on... May 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death... Uremia
Due to... Congestive Heart Failure
follow myocardial infarction
Due to... Coronary disease
and myocardial infarction
Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations...
Of autopsy... Confirmed above findings
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... Julius Jensen (M. D. optional)
Address... 3120 Washington Ave Date signed... 6/7

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.....

Thomas J. Senwick

Licensed Embalmer No.....

3793

P. O. Address.....

6175 Delmar

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.