S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25340

FILED AUG 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6763

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

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DE PAUL HOSPITAAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4½ MONTHS (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SAINT LOUIS

(c) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2042a ADELAIDE AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ARTHUR G. BRANDT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife DELLA BRANDT NEE GIESE

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased JULY 7th, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	0	9	hr. min.

9. Birthplace SAINT LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation LUMBER RETIRED

11. Industry or business

FATHER
12. Name GEORGE BRANDT
13. Birthplace SAINT LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY BERGSCH
15. Birthplace SAINT LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant DELLA BRANDT
(b) Address 2042a ADELAIDE AVENUE

17. (a) BURIAL (b) Date thereof JULY 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD

19. (a) JUL 18 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY 16th, day
year 1947 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 21, 1947 to July 16, 1947
that I last saw him alive on 1st 7-16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: General Carcinomatosis

Due to Carcinoma of urinary bladder

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of urinary bladder

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Louis N Derard (M. D. or other)

Address 812 Olive St Ave (1) no Date signed 7/18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Ret. Kramolowsky
Arcade Bldg.
1:30 to 4:30 P.M.
Ch. 5894 Friday

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.