No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28874

FILED SEP 2 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7824

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

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: Mo. Baptist Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6833 Balsom 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Anna Brandt

3. (b) If veteran, name war

3. (c) Social Security No. 489-05-7712

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Albert Brandt

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

7. Birth date of deceased March 27, 1898 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	4	19	hr. min

9. Birthplace St. Louis, Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business

FATHER
12. Name Henry Bremer
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Stumpf
15. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant August Bremer
(b) Address 5136 San Francisco

17. (a) Burial (b) Date thereof 8-19-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16
year 1947 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6-9, 1947 to 8-16, 1947
that I last saw her alive on 8-15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Circulatory Failure Shock — Duration: 24 hrs

Due to: Operation (Thoraco Lumbo Sympathectomy) Left pneumothorax

Due to: Hypertension, arteriosclerosis

Other conditions: old Coronary Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Left thoraco-lumbo sympathectomy
Of autopsy: Myocardial hypertrophy, arteriosclerosis, Pneumothorax

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Elwin Scott (M. D. or other) M.D.
Address 3251 Lafayette Date signed 8-18-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4029

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.