

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 8 1949

State File No. 2858

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9				
d. FULL NAME OF HOSPITAL OR INSTITUTION 5438 Sutherland Ave.				d. STREET ADDRESS (If rural, give location) 5438 Sutherland Ave.				0		
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) A.		c. (Last) BRANDEWIEDE		4. DATE OF DEATH (Month) (Day) (Year) Mar. 28 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 14, 1873		9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days Hours Min. 11 14		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer (Retired)				10b. KIND OF BUSINESS OR INDUSTRY St. L. Post-Dist		11. BIRTHPLACE (State or foreign country) Alton, Ill.		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Frank Brandewiede			13b. MOTHER'S MAIDEN NAME Theresa Scheu			14. NAME OF HUSBAND OR WIFE Minnie Brandewiede				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-01-1743		17. INFORMANT'S SIGNATURE OR NAME Minnie Brandewiede				ADDRESS 5438 Sutherland		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Used alcohol regularly for 50 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 weeks		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 93 1949						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)		(COUNTY)		(STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from May, 1944, to March 27, 1949, that I last saw the deceased alive on March 27, 1949, and that death occurred at 2:00 a.m., from the causes and on the date stated above.										
23a. SIGNATURE Ceil D. Baker			(Degree of title) U.M.D.			23b. ADDRESS 335. Thebeska, St. Louis Mo 3-28-49		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 30, 1949		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) St. Louis Co., Mo.		(State)		
DATE REC'D BY LOCAL HEALTH DEPT. MAR 2 1949			REGISTRAR'S SIGNATURE J. P. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser			ADDRESS 4228 S. Kingshighway Bl.	

Ross
Green

1901 Memorial

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Edison M. Bernath

Signed _____

Student Embalmer

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.