S. No. 300
V. 10.48

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

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11419

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 733

1. PLACE OF DEATH
a. COUNTY: St. Louis, Midsouri
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
c. LENGTH OF STAY (in this place): 32 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Glenwood Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
d. STREET ADDRESS (If rural, give location): 4452 McPherson

3. NAME OF DECEASED (Type or Print)
a. (First): John George
b. (Middle):
c. (Last): Brandt Jr.

4. DATE OF DEATH (Month) (Day) (Year): March 19 50

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: March 18, 1883

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John George Brandt

13b. MOTHER'S MAIDEN NAME: unknwn

14. NAME OF HUSBAND OR WIFE: Mrs. Mrytle Brandt (div

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: uknwn

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Robert R. Benes 1300 Grant Rd.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION Webster Groves, M

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated Aortic Anuerysm — INTERVAL BETWEEN ONSET AND DEATH: 9 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) General Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 022X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1948 *19*__, *to* Mar 19, *19* 50 *that I last saw the deceased alive on* Mar 19, *19* 50, *and that death occurred at* 4:00AM *from the causes and on the date stated above.*

23a. SIGNATURE: Michael Lewis (Degree or title): M.D.

23b. ADDRESS: 1300 Grant Rd

23c. DATE SIGNED: Mar 19 '50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/22/50

24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 3-21-50

REGISTRAR'S SIGNATURE: Herbert R. Wombe, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Louis H. Bopp, Inc., Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1950

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.

Student .....
Student Embalmer

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 [illegible]

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.