

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State file No. **21393**  
**5050**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2851a Shenandoah Ave.</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> f. STREET ADDRESS (If rural, give location) <b>2851a Shenandoah Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Augusta</b> b. (Middle) <b>H.</b> c. (Last) <b>Brandt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-6-1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 2, 1890</b>
9. AGE (In years last birthday) <b>59</b>		10. UNDER 1 YEAR (Months) (Days)	11. UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own Home</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Hoffmann</b>	
13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Brandt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Charles Brandt</b>		ADDRESS <b>2851a Shenandoah Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Entered Sclerotic Heart Dis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>	
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>4200</b>		22. I hereby certify that I attended the deceased from <b>3-31-1947</b> , to <b>6-6-1950</b> , that I last saw the deceased alive on <b>6-5-1950</b> , and that death occurred at <b>2:24 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Carl J. Lee</b> (Degree or title)		23b. ADDRESS <b>Chubboldt Bldg.</b>	
23c. DATE SIGNED <b>6-7-50</b>		24. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-9-1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 8 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sauer</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Weick Bro. Und. Co.</b>		ADDRESS <b>2201 S. Grand</b>	

**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 *James R. Dunn*

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand Bl.

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.