

S. No. 300
10-48

MAY 3 1952
XC-3 436 697
Reg.# 98150

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15140
State File No.
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1070

4000

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY FAYETTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. PETER	
c. LENGTH OF STAY (in this place) 159 days		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) C. c. (Last) BRANDT			4. DATE OF DEATH (Month) (Day) (Year) 4-22-52
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-11-92
9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY WOOD-WORKING	11. BIRTHPLACE (City and State or Foreign Country) NEW MINDEN, ILLINOIS
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM BRANDT		13b. MOTHER'S MAIDEN NAME LOUISE HANNENBERGER	14. NAME OF HUSBAND OR WIFE NORA BRANDT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS, MO.
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) BRONCHOPNEUMONIA, BILATERAL INTERVAL BETWEEN ONSET AND DEATH 3 DAYS *This does not mean the mode of dying, such as heart failure, asthma, 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) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEREDITARY SPASTIC PARAPLEGIA 9 YEARS			
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION HAIX	
20. AUTOPSY? YES <input checked="" 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?
22. I hereby certify that I attended the deceased from 11-15-51 , 19____, to 4-22-52 , 19____, and that death occurred at 12:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE K.K. Surks		23b. ADDRESS M.D. V A HOSPITAL, JEFF. BRKS, MO.	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-23-52	24c. NAME OF CEMETERY OR CREMATORY NEW ST. PETER LUTHERAN	24d. LOCATION (City, town, or county) (State) ST. PETER, ILLINOIS
DATE REC'D BY LOCAL REG. 4-23-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ARMIN D. HOTZ, ST. PETER, ILLINOIS	

SW (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4608

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.