

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21232**

FILED JUN 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **119** PRIMARY REG. DIST. NO. **5442** Registrar's No. \_\_\_\_\_

370

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

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural-Richland Twp.</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Richland Twp.</b>	
c. LENGTH OF STAY (in this place) <b>79 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>16 mi. S. W. of Hermann</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>16 mi. S. W. of Hermann</b>		d. STREET ADDRESS (If rural, give location) <b>16 mi. S. W. of Hermann</b>	
3. NAME OF DECEASED a. (First) <b>Mathilda</b>		b. (Middle) <b>Louise</b>	
c. (Last) <b>Brandt</b>		4. DATE OF DEATH (Month) <b>3</b> (Day) <b>10</b> (Year) <b>1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>May 6, 1873</b>
9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	11. BIRTHPLACE (State or foreign country) <b>Hermann, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Aug. Schaeffer</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret Bierle</b>		14. NAME OF HUSBAND OR WIFE <b>Gustav Brandt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Oswald Brandt, Hermann, Mo.</b>		ADDRESS <b>Hermann, Mo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lung</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of breast</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERNAL BETWEEN ONSET AND DEATH <b>2 mo.</b>		INTERNAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170x</b>	
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 <b>Feb. 23, 1953</b> to <b>Mar. 10, 1953</b> , that I last saw the deceased alive on <b>Mar. 9, 1953</b> , and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. A. Peter, M.D.</b>		23b. ADDRESS <b>Hermann, Mo.</b>	
23c. DATE SIGNED <b>3/11/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hermann, RFD Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 22 1953</b> <b>Blyde A. Bridges</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hermann, Mo.</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.....

*August Deumer*

Licensed Embalmer No. 3160

P. O. Address. Hermann, 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.**