

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22291**
Registrar's No. **1494**

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood	c. LENGTH OF STAY (in this place) 5 1/2 weeks	c. CITY OR TOWN Town & Country	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) 11635 Clayton Rd.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) CATHERINE	b. (Middle)	c. (Last) BRANDES	Month June	Day 16	Year 1956

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 19, 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 17	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Henry Barmeyer		13b. MOTHER'S MAIDEN NAME Charlotte Kreymer		14. NAME OF HUSBAND OR WIFE Herman Brandes			
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Brandes, 11635 Clayton, St. Louis 22					
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 4 days	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis							
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis							
	DUE TO (c)							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease							

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334x						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?		
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22. I hereby certify that I attended the deceased from **5/7**, 19**56**, to **6/16**, 19**56**, that I last saw the deceased alive on **6/16/56**, 19**56**, and that death occurred at **7:45 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank J. Cotman, MD		23b. ADDRESS 206 N. Clay, Kirkwood, Mo.		23c. DATE SIGNED 6/18/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6/19/56	24c. NAME OF CEMETERY OR CREMATORY St. Paul Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Des Peres, Mo.	
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DATE REC'D BY LOCAL REG. 6-19-56	REGISTRAR'S SIGNATURE Herbert A. Douhet, MD		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Popp, Inc.		ADDRESS Kirkwood	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Francis J. Wyland Jr.*.....
Licensed Embalmer No. *4512*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.