

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15620**

FILED APR 29 1957

BIRTH NO. REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **911**

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 Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Overland	c. LENGTH OF STAY (in this place township) 6 yrs.	c. CITY OR TOWN Overland	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 Lackland Nursing Home		e. STREET ADDRESS (If rural, give location) 3013 Quiet Lane	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Christine c. (Last) Brandt	4. DATE OF DEATH (Month) (Day) (Year) Apr. 3, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED, Widower	8. DATE OF BIRTH Nov. 15, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper	10b. KIND OF BUSINESS OR INDUSTRY Alhoff Feed Co.	11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew W. Brandt	13b. MOTHER'S MAIDEN NAME Ida Robold	14. NAME OF HUSBAND OR WIFE None
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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. 493-07-8385	17. INFORMANT'S SIGNATURE OR NAME Wilhelmine Foster	ADDRESS 3013-Quiet Lane
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH over 5 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis Agitans		
	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. Arthritis, Rheumatoid		10 yrs 2	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 350x YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **1726** **1952** to **36pc**, 1957, that I last saw the deceased alive on **25 Mar 1957**, and that death occurred at **8:00P** m., from the causes and on the date stated above.

23a. SIGNATURE W. Hall, M.D. (Degree or title)	23b. ADDRESS 116 So Florissant Rd	23c. DATE SIGNED 5 Apr 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 4-6-1957	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) Pagedale, Mo.
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DATE REC'D BY LOCAL REG. 4-5-57	REGISTRAR'S SIGNATURE Herbert A. Dombek	25. FUNERAL DIRECTOR'S SIGNATURE Blum ADDRESS 2504-Woodson Rd-Overland-14-Mo.
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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 *David C. Gibson*.....

Licensed Embalmer No. *3457*.....

P. O. Address *Portland, Me*.....

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.