

FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011383  
State File No.

3006  
Registrar's No.

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>1003</b>		Registrar's No. <b>3006</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Clayton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>27 6333 N Rosebury</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>John</b>		b. (Middle) <b>H.</b>		c. (Last) <b>BRANDAU</b>	
		4. DATE OF DEATH		(Month) <b>10</b> (Day) <b>14</b> (Year) <b>1958</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
				<b>Widowed</b>		<b>8-24-1879</b>	
9. AGE (In years last birthday) <b>78</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Genl Supt (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Famous Barr</b>		11. BIRTHPLACE (City and State, or Foreign Country) <b>St. Louis Mo</b>	
						12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>H. L. BRANDAU</b>			13b. MOTHER'S MAIDEN NAME <b>Nolte</b>			14. NAME OF HUSBAND OR WIFE <b>Harlett</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-01-8690</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Russell Brandau</b>		ADDRESS <b>6333 N Rosebury</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic glomerulonephritis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>592x</b>				INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs</b> <b>years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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>3/4</b> , 19 <b>58</b> to <b>3/14</b> , 19 <b>58</b> that I last saw the deceased alive on <b>3/13</b> , 19 <b>58</b> and that death occurred at <b>3:50 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Em Chermas</b>			(Degree or title) <b>0 M.D.</b>		23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>3/14/58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>3-17-58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial PK</b>		24d. LOCATION (City, town, or county) (State) <b>ST. Louis Co Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAR 14 '58</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>A. Kwon</b>		
					ADDRESS <b>2707 N Grand Blvd</b>		

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

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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 *J. W. [Signature]*.....

Licensed Embalmer No. *432*.....

P. O. Address *St. Louis*.....

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.