

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042793
STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2925

300
-57

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELLISVILLE		c. CITY OR TOWN BRENTWOOD Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SUNSET SANITARIUM		d. STREET ADDRESS (If outside, give location) 2217 MANDERLY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EARNEST AUGUST BRANDES		4. DATE OF DEATH Month Day Year NOV 12 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 28-1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETD. SELF EMP.		10b. KIND OF BUSINESS OR INDUSTRY AUTO DEALER	11. BIRTHPLACE (City and state or country) ILL.
10c. FATHER'S NAME AUGUST BRANDES		13b. MOTHER'S MAIDEN NAME UNKNOWN	12. CITIZEN OF WHAT COUNTRY? USA.
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. UNK.	17. INFORMANT Address GEO. BROWER - 2717 MANDERLY
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			4/300
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. _____ Month, Day, Year _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept. 30, 1958 , to Nov. 12, 1958 and last saw ^{him} alive on Nov. 11, 1958 Death occurred at 6:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Date of signature) George E. Smith M.D.		22b. ADDRESS 11774 Manderly Road St. Louis 22, Mo.	
		22c. DATE SIGNED Nov. 12, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (RAIL)		23b. DATE NOV. 13-58	
23c. NAME OF CEMETERY OR CREMATORY HASTING NEBRASKA		23d. LOCATION (City, town, or county) (State) HASTING NEBRASKA	
24. FUNERAL DIRECTOR KRIEGSHAUSER		25. DATE RECD. BY LOCAL REG. 11-12-58	
24. FUNERAL DIRECTOR ADDRESS 4238 So. Kings Highway		26. REGISTRAR'S SIGNATURE Hubert R. Donke M.D.	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Edurne A. McDevitt*

Licensed Embalmer No. *3024*

P. O. Address _____

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.