

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-046447

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 263

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 10365
 20920
 3
 4 0
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 9433.1
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 122-0
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

FILED JAN 2 1963	
1. PLACE OF DEATH	
a. COUNTY Franklin	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington
Length of stay in lb	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hosp	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE MO	b. COUNTY St Charles
c. CITY OR TOWN Cappelen	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS (If outside, give location)	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED	
First Alvin	Middle C
Last Brandt	
4. DATE OF DEATH Dec 23 1962	
5. SEX Male	
6. COLOR OR RACE White	
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 7 / 17 / 86	
9. AGE (last birthday) 76	
IF UNDER 1 YEAR Months Days	
IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) St Charles CO MO	
12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Henry Brandt	
13b. MOTHER'S MAIDEN NAME Carolina Gerdeman	
14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W.I	
17. INFORMANT Clarence Brandt Wentzville MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease	
DUE TO (b) Cor Myocarditis	
DUE TO (c) General Atherosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General Atherosclerosis	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. 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 Nov 21/62 to Dec 23/62 and last saw her/him alive on Dec 22/62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) H. E. Johnson M.D.	
22b. ADDRESS Northville MO	
22c. DATE SIGNED 12/24/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12/26/62	
23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	
23d. LOCATION (City, town, or county) Wright City MO	
24. FUNERAL DIRECTOR ADDRESS Nieburg Furn & Und CO Wright City	
25. DATE RECD. BY LOCAL REG. 12/24/62	
26. REGISTRAR'S SIGNATURE Lula C. Hudman	

USE BLACK INK OR TYPEWRITER RIBBON

JAN 9 1963

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 Julius J. Meburg

Licensed Embalmer No. 3366

P. O. Address Wright City 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.