

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38578

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 359	
1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE</b> 0941			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>418 C. ST</b>				d. STREET ADDRESS (If rural, give location) <b>418 C. ST.</b> 4			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>LOUIS</b>		b. (Middle) <b>ARTIE</b>		c. (Last) <b>BRAND</b>	
4. DATE OF DEATH		(Month) <b>NOV</b>		(Day) <b>7</b>		(Year) <b>1951</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB 26, 1891</b>	9. AGE (In years last birthday) <b>60</b>	10. UNDER 1 YEAR Months <b>8</b> Days <b>11</b>	11. UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ST. JOSEPH LEAD CO</b>		11. BIRTHPLACE (State or foreign country) <b>ST. FRANCOIS Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CHARLES A. BRAND</b>		13b. MOTHER'S MAIDEN NAME <b>MARY J NEAL</b>		14. NAME OF HUSBAND OR WIFE <b>MARGARET BRAND</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MARGARET BRAND</b>		ADDRESS <b>BONNE TERRE Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Few minutes.</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO CORONARY occlusion. March 6, 1949</b>				?			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>		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) m.		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>June</b> , 19 <b>49</b> , to <b>?</b> , 19 <b></b> , that I last saw the deceased alive on <b>?</b> , 19 <b></b> , and that death occurred at <b>9:00 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Signature of file) <b>Jan W. Taylor</b>				23b. ADDRESS <b>33 N. Allen St., Bonne Terre, Mo.</b>		23c. DATE SIGNED <b>Mo. 11-8-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>NOV 18, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BONNE TERRE</b>		24d. LOCATION (City, town, or county) (State) <b>BONNE TERRE Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 10, 1951</b>		REGISTRAR'S SIGNATURE <b>Esther Rueloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Benjamin Fred C. Bonnell</b>		ADDRESS <b>Bonne Terre Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 15 1951  
RECEIVED

### 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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3706

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 this body is not embalmed, fact should be so stated above.