

Edward Brandle

1921

Info from findagrave.com

Birth: May 2, 1883

Death: Feb. 17, 1947

Parents:

Rudolph Brandle (1842 - 1915)

Maria Anna Krug Brandle (1844 - 1926)

Spouse:

Anna M Pieper Brandle (1875 - 1941)*

Siblings:

Rose Brandle Siebert (1869 - 1944)*

Charles Peter Brandle (1872 - 1958)*

Frank J Brandle (1874 - 1947)*

Mary Brandle Schroth (1877 - 1943)*

Edward Brandle (1883 - 1947)

Burial: Mount Hope Cemetery Mausoleum and Crematory,
Lemay, St. Louis County, MO

Wife's name does not jive with below record. Could have remarried after Anna's death in 1941

S. No. 2
DM-5-43
v. 5-17-39
W I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

State File No. **6050**
Registrar's No. **1689**

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

1. PLACE OF DEATH: (a) County <u>St. Louis</u> (b) City or town <u>St. Louis</u> (c) Name of hospital or institution: <u>Jewish Hospital</u> (d) Length of stay: In hospital or institution <u>17 Days</u> In this community _____ years, months or days				2. USUAL RESIDENCE OF DECEASED: (a) State <u>Missouri</u> (b) County <u>2000</u> (c) City or town <u>St. Louis</u> (d) Street No. <u>4938 Tyrolean</u> (e) Citizen of foreign country? _____ (Yes or No) If yes, name country _____			
3. (a) PRINT FULL NAME <u>Edward Brandel</u> (b) If veteran, name war _____ (c) Social Security No. <u>488-07-4942</u>				MEDICAL CERTIFICATION 20. DATE OF DEATH: Month <u>Feb</u> day <u>17</u> year <u>1947</u> hour <u>4</u> minute <u>35</u> P. M. 21. I hereby certify that I attended the deceased from <u>Feb 6</u> 19 <u>47</u> , to <u>Feb 7</u> 19 <u>47</u> , and that I last saw him alive on <u>March 17</u> 19 <u>47</u> and that death occurred on the date and hour stated above. Immediate cause of death: <u>Conjunctive Heart Failure</u> Due to: <u>Hypertensive heart disease</u> Other conditions: _____ (Include pregnancy within 3 months of death)			
4. Sex <u>M</u> 5. Color or race <u>W</u> 6. (a) Single, widowed, married, divorced <u>Married</u> 6. (c) Age of husband or wife if alive <u>50</u> years		7. Birth date of deceased: <u>May 2</u> <u>1883</u> (Month) (Day) (Year)		Duration _____ PHYSICIAN _____ Underline the cause to which death should be charged statistically.			
8. AGE: Years <u>63</u> Months <u>9</u> Days <u>15</u> If less than one day _____ hr. _____ min.				9. Birthplace: <u>St. Louis</u> (City, town, or county) (State or foreign country)			
10. Usual occupation: <u>Rit Telephone Tester</u>				11. Industry or business _____			
12. Name: <u>Rudolph Brandel</u>		13. Birthplace: <u>Switzerland</u>		14. Maiden name: <u>Mary Dengler</u>			
15. Birthplace: <u>New York City</u>		16. (a) Informant: <u>Edith Brandel</u>		17. (a) Address: <u>4938 Tyrolean</u>			
17. (b) Address: <u>Mausoleum</u> (b) Date thereof: <u>2/20/47</u> (Burial, cremation, or removal) (Month) (Day) (Year)		(c) Place: burial or cremation: <u>Mt. Hope Mausoleum</u>		22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? _____ (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____			
18. (a) Signature of funeral director: <u>Wm Schumacher</u> (b) Address: <u>3013 Meramec st.</u>		19. (a) <u>FEB 18 1947</u> (b) _____ (Date received local registrar) (Registrar's signature)		23. Signature: <u>Julius Elmer</u> (M, D. or other) _____ Address: <u>607 N. Grand</u> Date signed: <u>2/18/47</u>			

(Licensed Embalmer's Statement on Reverse Side)