

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

12217

1. PLACE OF DEATH

County, St. Louis Registration District No. 1160 File No. 25
 Township, Central Primary Registration District No. 4470 Registered No. _____
 City, University City No 6895 Bartmouth Ave St. _____ Ward)

2. FULL NAME

(a) Residence. No. 6895 Bartmouth Ave St. _____ Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. W. Brenizer</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 24 1897</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>7</u>
	DAYS <u>10</u>	IF LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
10. NAME OF FATHER <u>W. J. Scott</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Virginia</u>		
12. MAIDEN NAME OF MOTHER <u>Mary J. Anderson</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
14. INFORMANT <u>C. W. Brenizer</u> (Address) <u>6895 Bartmouth Ave</u>		
15. FILED <u>3/5 1929</u> <u>Marie Brown</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4, 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 1929, to March 4 1929, that I last saw him alive on March 4 1929, and that death occurred, on the date stated above, at _____ p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cardio Renal Disease.
95 B
 (duration) yrs. mos. da.

CONTRIBUTORY: None
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at Home
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exams
 (Signed) Paul Bull, M. D.
3-4 1929 (Address) 6125 Bartm

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Valhalla Crematory</u>	DATE OF BURIAL <u>Mar. 6 1929</u>
20. UNDERTAKER <u>Geo. W. Cook</u>	ADDRESS <u>Indiana</u>

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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