JUL 27 1929

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

Do not use this space.

22450

1. PLACE OF DEATH
County Ste. Genevieve
Township Jackson
City Bloomsdale (No. ..... St. ..... Ward)
Registration District No. 780
Primary Registration District No. 6028
File No. .....
Registered No. 28

2. FULL NAME Mary Brischle
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Brischle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 2 - 1845

7. AGE: Years 73 | Months 11 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house-wife
(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): Wingarten Mo.

PARENTS
10. NAME OF FATHER: Casper Karl
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Johanna Hagenmuller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Joseph Brischle
(Address) Bloomsdale Mo.

15. FILED June 30 1929 T. W. Douglas REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 30 1929

17. I HEREBY CERTIFY, That I attended deceased from March 10th, 1929, to ~~July~~ June 30 1929 that I last saw her alive on June 30, 1929, and that death occurred, on the date stated above, at 12 00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio Vascular Renal disease with Hypertension

Progressing For about (duration) 50 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None 131
(duration) 102 yrs. ..... mos. ..... ds.

1290

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Weingarten MO
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam + Urine Tests

(Signed) Arthur E. Sexauer, M. D
6/30 1929 (Address) Ste Genevieve Mo

*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: Bloomsdale Mo.
DATE OF BURIAL: 7/2/ 1929

20. UNDERTAKER: Warren J Stanton
ADDRESS: Ste Genevieve Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.