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

Do not use this space. 6393

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 1168

City St Louis (No. 4637 Tower Grove Place St. ..... Ward)

2. FULL NAME Bertha A Brenner

(a) Residence. No. 4637 Tower Grove Pl. 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Brenner Jr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27-1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	4	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Otto Schoenky

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Koenigsberg
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Johanna Finck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cuxhaven
(STATE OR COUNTRY) Germany

14. INFORMANT Otto J. Brenner
(Address) 4637 Tower Grove Pl.

15. FILED FEB -4 1930 19.. Wm C Stoeckel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1930

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to Feb 3, 1930, that I last saw h. alive on Jan 31, 1930, and that death occurred, on the date stated above, at 3:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Cecum

H.C.

..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 16-1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H. Louis Schuchat, M. D.

Feb 3, 1930 (Address) 2200 Chouteau Ave

*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	DATE OF BURIAL
Lakewood Pk	Feb 5th 1930
20. UNDERTAKER	**ADDRESS**
Witt Bros Lth Co	2929 So Jefferson

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.