

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

Do not use this space.

13768

**1. PLACE OF DEATH**

37 County Gasconade  
Township Boeuff  
City Boeuff (No.       )

Registration District No. 306  
Primary Registration District No. 1424

File No.         
Registered No. 8  
St.        Ward       

**2. FULL NAME**

Anna Mary Brehe

(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 49 yrs. 4 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 Henry Brehe  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1858  
7. AGE YEARS 73 MONTHS 1 DAYS 28 IF LESS than 1 day,        hrs. or        min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 255  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         
10. Date deceased last worked at this occupation (month and year)        11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) St Louis Mo (STATE OR COUNTRY) 1

13. NAME Frederick Wehnhöner  
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

15. MAIDEN NAME Wilhelmina Schloemer  
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)       

17. INFORMANT August Brehe (ADDRESS) Swiss mo RFD

18. BURIAL, CREMATION, OR REMOVAL PLACE Charlity Cemetery DATE Apr. 14 1931

19. UNDERTAKER Nathan J. Meyer (ADDRESS) Boeuff Mo

20. FILED 4-13 1931 Pro Engelbrecht Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11 1931

22. I HEREBY CERTIFY, That I attended deceased from April 3 1931, to April 11 1931  
I last saw him alive on April 7 1931 Death is said to have occurred on the date stated above, at 6:30 a. m.  
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset 4-23-31

Other contributory causes of importance: Influenza

Name of operation None Date of         
What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?        Date of injury        19        
Where did injury occur?        (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury         
Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Joseph W Mills  
(Signed) Owensville Mo M. D.  
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. For signature of State.

APR 23 1931

