

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

Do not use this space.

40705

1. PLACE OF DEATH

County St. Louis
Township Trout
City Trout (No. 320 E. 17th)

Registration District No. 330
Primary Registration District No. 3017

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Chas. Brennenstuhl
(a) Residence, No. 320 E. 17th St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Jennie Brennenstuhl</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 24 - 1857</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>2</u>	DAYS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Railroad Engineer</u>
	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) (STATE OR COUNTRY) Ohio

FATHER 13. NAME J. Brennenstuhl

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Margaret Wagone

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Chas. Brennenstuhl
(ADDRESS) Trout Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE R.O.P. DATE Dec 18 1931

19. UNDERTAKER Johnson Funeral Home
(ADDRESS) Trout Mo

20. FILED 18 Dec 1931 E.A. Duffey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1931

22. I HEREBY CERTIFY, That I attended deceased from 13 Dec 1931 to 16 Dec 1931
I last saw him alive on 16 Dec 1931. Death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

Neurotoxic-Occasional ulcers Date of onset 13 Dec 31
1278
1178
1278
1178

Other contributory causes of importance: Cholecystitis 1930

Name of operation Cholecystomy Date of 15 Apr 31
What test confirmed diagnosis? Biopsy + test Was there an autopsy? No

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 _____
(Signed) E.A. Duffey M. D.

(Address) Trout Missouri

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 OCCUPATIONS very important.

RECORDING INK—THIS IS A PERMANENT RECORD

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