

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

Do not use this space.

11435

**1. PLACE OF DEATH**

113 County North  
Township Alley  
City St. Louis (No.           )

Registration District No. 905  
Primary Registration District No. 6216

File No.             
Registered No.            St.            Ward)           

**2. FULL NAME**

(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 50 yrs. - mos.            ds. How long in U. S., if of foreign birth? yrs.            mos.            ds.           

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Brenit</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 26, 1946</u>		
7. AGE <u>85</u>	YEARS <u>5</u>	MONTHS <u>27</u>
If LESS than 1 day, <u>          </u> hrs. or <u>          </u> min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blind made</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>home with son</u>		
10. Date deceased last worked at this occupation (month and year) <u>1920</u>		11. Total time (years) spent in this occupation <u>          </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Charles Brenit  
Alton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton, Mo. DATE 3/24/1932

19. UNDERTAKER (ADDRESS) Arch. C. Dumble  
Grand City, Mo.

20. FILED April 9, 1932 Miss Mary Long  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932 to March 23, 1932

I last saw her alive on March 22, 1932. Death is said

to have occurred on the date stated above, at 3:30 a.m.

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

Pneumonia

17A

10913

Other contributory causes of importance           

Name of operation            Date of           

What test confirmed diagnosis?            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? Y. N.

If so, specify           

(Signed) P. J. H. H. H., M. D.

(Address) Grand City, 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.

APR 30 1932

