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.

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

Do not use this space.

33840

1. PLACE OF DEATH

County ..... Registration District No. 191 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9140

City St. Louis MO (No. City Infirmary St. ..... Ward)

2. FULL NAME Louise Brenner

(a) Residence, No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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: Jacob Brenner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1855

7. AGE: About 77 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home.
10. Date deceased last worked at this occupation (month and year): April, 1931
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dontknow

17. INFORMANT (ADDRESS): Miss Effinger 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE Calvary Cemetery DATE Oct 15-1932

19. UNDERTAKER (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED OCT 15 1932 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/5/32, 19..., to 10/13/32, 19...

I last saw her alive on 10/13/32, 19... Death is said to have occurred on the date stated above, at 8:40 Am.

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

	Date of onset
Broncho Pneumonia	10/9/32
10 A	
14	
10 A	

Other contributory causes of importance:

senility

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? .....

If so, specify .....

(Signed) Max Starkloff, M. D.

(Address) City Infirmary