

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan, Registration District No. 85
 Township..... Primary Registration District No. 1001 File No. 4770
 City St. Joseph, (No. 1/2 Mile No. of Krug Park, R. F. D. # 2 St. 2 Ward) Registered No. 164

2. FULL NAME Edward Frederick Brenner, *(Within city limits)*

(a) Residence, No. R. F. D. # 2, St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 61 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1859,

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm,
 10. Date deceased last worked at this occupation (month and year) February 1933. 11. Total time (years) spent in this occupation 50.

12. BIRTHPLACE (CITY OR TOWN) Burlington, (STATE OR COUNTRY) Iowa,

MOTHER FATHER
 13. NAME Frederick Brenner,

14. BIRTHPLACE (CITY OR TOWN) Wurttemberg, (STATE OR COUNTRY) Germany,

MOTHER
 15. MAIDEN NAME Christina Able,

16. BIRTHPLACE (CITY OR TOWN) Prussia, (STATE OR COUNTRY) Germany,

17. INFORMANT L. H. Ramsier (ADDRESS) 3129 Gene Field Road,

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Feb'y. 10, 1933

19. UNDERTAKER Walter B. Bowers (ADDRESS) 319 So. 10th St. - Superior Bldg.

20. FILED 2-10-33 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23rd, 1932 to Feb 8th, 1933

I last saw him alive on Dec 23rd, 1932 Death is said

to have occurred on the date stated above, at 12:15 p.m.

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

Acute Coronary Thrombosis Date of onset 12-23-32

94B 97A 95 97

Other contributory causes of importance: Arteriosclerosis, general Unknown

Name of operation..... Date of.....
 What test confirmed diagnosis Clinical findings 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 Myself

(Signed) 301 Phy & Dairy Bldg, M. D.

(Address) St. Joseph, Mo

WHILE PLAINLY UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve

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them of information be carefully supplied.
WITH UNFADING INK--THIS IS
MEDICAL PHYSICIAN
Department of OCCUPATIONAL