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.

18453

File No. 4711

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. [illegible]

City St Louis (No. Bethesda Home St. ..... Ward)

2. FULL NAME Doloris Brenner

(a) Residence, No. 6519 Smiley Ave. St., 3 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1925

7. AGE: YEARS 8 | MONTHS 1 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

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) St Louis Mo.

FATHER

13. NAME Herman Brenner. 0

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

MOTHER

15. MAIDEN NAME Anna Albach.

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

17. INFORMANT (ADDRESS) Herman Brenner. 6519 Smiley Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW S. S. Peter & Paul DATE 5/30 1933

19. UNDERTAKER (ADDRESS) Wacker Heldrich. 2331 S. Broadway.

20. FILED ..... 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-19, 1933, to May 27, 1933

I last saw her alive on May 27, 1933. Death is said to have occurred on the date stated above, at 3.07 P.m.

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

Date of onset

Streptococcus Meningitis from Otitis Media

Other contributory causes of importance:

890

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 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) [illegible], M. D.

(Address) 928 Mo Theatre Bldg