

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

Do not use this space.

12475

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township _____ Primary Registration District No. 3016
City Washington (No. _____) St. _____ Ward _____

2. FULL NAME

A. N. Louis Brehe
(a) Residence, No. Nierstein, Washington, Mo. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Katharine Brehe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15th, 1866</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>11</u>
		DAYS
		<u>3</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>Farming</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1933</u>	11. Total time (years) spent in this occupation <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington, Missouri</u>		
FATHER	13. NAME <u>August Brehe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Caroline Hansorge</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Arthur Brehe</u> (ADDRESS) <u>Nierstein, Washington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Evangelical Cemetery</u> DATE <u>April 21st, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>McHenry & Witt, Inc.</u> <u>Washington, Mo.</u>		
20. FILED <u>Apr. 18 - 1935</u> <u>A. N. May</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18th, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1935, to April 18, 1935
I last saw him alive on April 17, 1935. Death is said to have occurred on the date stated above, at 4:35 P. M.
The principal cause of death and related causes of importance were as follows:
Chc. Myelitis. Date of onset _____

Other contributory causes of importance:
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Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) [Signature], M. D.
(Address) Washington, Mo.

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.

