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.

JUN 28 1935

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

Do not use this space.

789

17683

1. PLACE OF DEATH
County: St Louis
Township: Central
City: (No. 2634, Rosedale Ave St. Ward)
Registration District No.
Primary Registration District No. 16033
File No.
Registered No. 136

2. FULL NAME Amelia L. Brenner
(a) Residence, No. 2634 Rosedale Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late George Brenner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1, 1856

7. AGE: YEARS 79 MONTHS 5 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Alton Illinois

FATHER
13. NAME: Benedict Eble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Margaret Vorstein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Leon F. Brenner 2634 Rosedale Ave

18. BURIAL, CREMATION OR REMOVAL
PLACE: St Peters Cem DATE: 5-20 1935

19. UNDERTAKER (ADDRESS): Kriegshauser Sportarier 4338 Kingshighway

20. FILED: 5-18-1935 H. F. Bockofen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 35, to 5-17 35
I last saw her alive on 5-17, 1935. Death is said to have occurred on the date stated above, at 9½ a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris (Diabetes)	
Other contributory causes of importance:	
Nephritis Chr.	15 yr
Diabetes mellitus	20 yr

Name of operation: none Date of: no
What test confirmed diagnosis? physical and lab 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: none
(Signed) Jos H. Kinkerfuss M. D.
(Address) 7301 Natural Bridge

Natural Bridge
& Florissant
8-10 A.M. Rd.