WHITE PAPER, 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

NOV 1 1935

Do not use this space.

34207

791

1003

File No. 8630

Registered No.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis Mo. (No. Josephine Hospital St. Ward)

2. FULL NAME Jerome E. Brindel

(a) Residence No. 1444 S. Compton Av. 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: male

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 Margaret Brindel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1881

7. AGE: Years 54 Months 1 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Warehouse

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) Minnesota

FATHER

13. NAME John Brindel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

MOTHER

15. MAIDEN NAME Mary Monett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

17. INFORMANT Mrs Margaret Brindel
(ADDRESS) 1444 S. Compton Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE October 15, 1935

19. UNDERTAKER E. J. Schmurr
(ADDRESS) 3125 LAFAYETTE AV.

20. FILED OCT 14 1935, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1935 to 10-12, 1935

I last saw him alive on Oct 12, 1935. Death is said to have occurred on the date stated above, at 11 A. m.

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

	Date of onset
Rupture Gall Bladder	
26	

Other contributory causes of importance:

Cholelithiasis
B Coli Infection

Name of operation G B Date of 10-12-35

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) Leo V. Gaynor, M. D.

(Address) 2827 Hamilton
St Louis Mo