

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20164

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003
 (b) Township Tracy, Ill. Primary Registration District No. 5303
 (c) City St. Louis (d) Street No. 4950 Clifton Ave. St. Ill.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 22 ds. (f) How long in U. S., if of foreign birth? 2 yrs. mos. ds.

2. PRINT FULL NAME Miss Anna Brendel 1053

(a) Residence, No. 1053 St. Ill. (Usual place of abode, if no street address, write county or city) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Brendel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 - 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
 9. Industry or business in which work was done, as 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) Tracy, Ill.

FATHER 13. NAME Philip Schwartz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Barbara Blygger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Albert Brendel
4950 Clifton18. BURIAL, CREMATION, OR REMOVAL PLACE Tracy, Ill. DATE June 13, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) H. C. Kueker
Tracy, Ill.20. FILED J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10, 193822. I HEREBY CERTIFY, That I attended deceased from 5-19, 1938, to 6-10, 1938I last saw her alive on 6-10, 1938. Death is said to have occurred on the date stated above, at 7 P. m.

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

Chronic pyelonephritis Date of onsetOther contributory causes of importance: General arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam. 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 _____

(Signed) Hallen M. D.(Address) 5074 N. Union

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Henry C. Kueker, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Henry C. Kueker*

Licensed Embalmer No. *3087*

P. O. Address *TROY - 122.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.