25 1938

REC'D NOV 4 1938

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

36728
Do not use this space.

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.

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 784

(b) Township — Primary Registration District No. 200 — Registered No. 1725

(c) City Bellefountain — (d) Street No. ..... St.

(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN G. BRENN,

(a) Residence, No. Route #4 Box 542 Baden Sta. St.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena W. Brenn (Schonhorst)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Former Employee

9. Industry or business in which work was done, as saw mill, bank, etc. St. Louis Screw Co.

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) Kimswick Mo.

FATHER

13. NAME John Brenn

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

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT Mrs. Lena W. Brenn
(ADDRESS) Route #4 Box 542

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Oct. 25, 1938

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED OCT 25 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1938, to 10-22, 1938

I last saw him alive on 10-22, 1938. Death is said to have occurred on the date stated above, at 8:00 P. M.

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

	Date of onset
Chr. endocarditis	?

Other contributory causes of importance:

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) [signature], M. D.

(Address) 5074 N. Union

(Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by .....

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

Signed William G. Buchholz.

Licensed Embalmer No. 2110 C

P. O. Address St. Louis, Mo

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

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