

Registration District No. 784 Primary Registration District No. 103 Registrar's No. 2296

1. PLACE OF DEATH: **ST. LOUIS MO 2**

(a) County **ST. LOUIS MO 2**

(b) City or town **FENTON**

(c) Name of hospital or institution: **FENTON**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **ONE WEEK** (Specify whether years, months or days)

In this community **ONE WEEK** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **JENNIE BROOK 620**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **ALBERT BROOK** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **6 1 1863** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**76 6 24** hr. min.

9. Birthplace **ILLINOIS** (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **6**

12. Name **WILLIAM KADLETZ**

13. Birthplace **UNKNOWN GERMANY** (City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN GERMANY** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Edward Kadletz**

(b) Address **FENTON, MO**

17. (a) **BURIAL** (b) Date thereof **12-28-39** (Month) (Day) (Year)

(c) Place of burial **ST. PHILADELPHIAN HOUSE SPRINGS, MO**

18. (a) Signature of funeral director **Denise H. H. H.**

(b) Address **FENTON, MO**

19. (a) **12-27-39** (Date received local registrar) (b) **DR. Meyer** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Jefferson**

(a) State **7110** (b) County **Jefferson**

(c) City or town **Hunts Springs, MO** (If outside city or town limits, write "RURAL")

(d) Street No. **HOUSE SPRINGS, MO** (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **25th** year **1939** hour **9** minute **2** M.

21. I hereby certify that I attended the deceased from **Jan. 1937** to **Dec 25, 1939** and that death occurred on the date and hour stated above.

that I last saw him alive on **Wed 20th**, 19**39**.

Immediate cause of death **Chronic Endocarditis** Duration **1 yr.**

Due to **Chronic Endocarditis** **477**

**PHLEBITIS**

Due to **977**

Other conditions **—** (Include pregnancy within 3 months of death)

Major findings: **Subvalvular aortic** Underline the cause to which death should be charged statistically.

Of operations **heart**

Of autopsy **NO**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **M. Dalton** (M. D. or other) **1**

Address **FENTON, MO** Date signed **12/28/39**

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**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

*Jenneth H. Rock*

Licensed Embalmer No. 3047

P. O. Address Fenton, Mo.

**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.**