

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41826

State File No. _____

JAN 10 1941
Registration District No. 305

Primary Registration District No. 4184

Registrar's No. 29

1. PLACE OF DEATH:

(a) County. GASCONADE
(b) City or town. OWENSVILLE TAIYN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OWENSVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 YRS. (Specify whether years, months or days)
In this community. 3 YRS.

3. (a) PRINT FULL NAME. LEONHARDT BRENNER

3. (b) If veteran, name war. NONE 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PAULINE BRENNER 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased. APRIL 16 1867 (Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation. EVANGELICAL LUTHERAN MINISTER

11. Industry or business _____

12. Name JOHN BRENNER

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

14. Maiden name KAINE

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

16. (a) Informant FRIEDA BRENNER

(b) Address LUTHERAN HOSP. ST. LOUIS MO

17. (a) BURIAL (b) Date thereof DEC. 20, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROSEBUD LUTHERAN CEM.

18. (a) Signature of funeral director. W. J. Hattenstam

(b) Address Owensville Mo.

19. (a) Dec 20 1941 (b) Alice Koch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town OWENSVILLE (If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 57 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 18 year 1941 hour 6 minute 2 P. M.

21. I hereby certify that I attended the deceased from January 1940 to 12-18 1941; that I last saw him alive on 12-18 1941; and that death occurred on the date and hour stated above.

Immediate cause of death. Auricular Fibrillation Duration 30 Hrs.

Due to Arteriosclerosis 5 Yrs.

Due to Left Ventricular Dilatation 3 Dys.

Other conditions. Bladder Diverticulum 2 YRS. (Include pregnancy within 3 months of death)

with stones Major findings: Of operations None PHYSICIAN 1358

Of autopsy None

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 Jane A. Brenner (M. D. or other) MD

Address Owensville, Mo. Date signed 12-20-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

847 (Licensed Embalmer's Statement on Reverse Side)

JAN 9 1942

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

Signed

Wilford H. H. Winter

Licensed Embalmer No.

3838

P. O. Address

Owensville 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, fact should be so stated above.