

S. No. 2
DM-2-43
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 1 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **7273**

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. **1661**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Vanderburgh 999
 (c) City or town Evansville
(If outside city or town limits, write "RURAL")
 (d) Street No. 215 Read St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 2
 If yes, name country _____

3. (a) PRINT FULL NAME BETTY ANN BRENNER

3. (b) If veteran, name war Nil
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 6 1938
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>7</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER

12. Name Sylvester Brenner

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

14. Maiden name Dorothy Schoeltn

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

16. (a) Informant Sylvester Brenner

(b) Address Evansville, Indiana

17. (a) Removal (b) Date thereof 2-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Indiana

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 18 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
 year 1946 hour 6:55 minute P. M.

21. I hereby certify that I attended the deceased from 2-6-46 to 2-16-46
 that I last saw him alive on 2-16-46
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration _____

Due to Subacute Bacterial Endocarditis

Due to _____

Other conditions A/I
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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 K. J. Blittner (M. D. or other) _____

Address Dr. K. J. Blittner Date signed _____

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

1991

1991

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 Chas R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.