

FILED DEC 16 1946
Registration District No. 310

Primary Registration District No. 1003

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

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: Lutheran Hospital *O*
(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

3. (a) PRINT FULL NAME George John Brenk

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male *O*

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mabel

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb 25 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 26
If less than one day hr. _____ min. _____

9. Birthplace Hoboken N.J.
(City, town, or county) (State or foreign country)

10. Usual occupation Lithographer

11. Industry or business _____

MOTHER { 12. Name George J Brenk

13. Birthplace Germany *4*
(City, town, or county) (State or foreign country)

14. Maiden name Shirley

15. Birthplace not known *9*
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Brenk

(b) Address 6018 Wanda

17. (a) Burial (b) Date thereof 11-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director John L. Ziegenheim & Sons

(b) Address 7027, Genois Ave.

19. (a) NOV 23 1946 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis *000*

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6018 Wanda
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) *0*

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23 21
year 1946 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Aug 19 1946 to Nov 23 1946
that I last saw him alive on Nov 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary thrombosis of the heart

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy as above

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 injury) (e) Means of injury _____

23. Signature H. A. Schmeier (M. D. or other) _____

Address 6814 Beavois Date signed 11/23/46

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9/17
29

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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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 *W G Peterson*

Licensed Embalmer No. *3767*

P. O. Address *Overland 14 N*

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.