

FILED JAN 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. **40425**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **443**

16
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU	
c. LENGTH OF STAY (In this place) 17 YRS		16	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1502 N. BOULEVARD		d. STREET ADDRESS (If rural, give location) 1502 N. BOULEVARD	

3. NAME OF DECEASED (Type or Print)	a. (First) ANTONIUS	b. (Middle) JULIUS	c. (Last) BRENNECKE	4. DATE OF DEATH (Month) (Day) (Year) DEC 25 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 4, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER-FARMING	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) NEAR KENSO MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME CHARLES BRENNECKE	13b. MOTHER'S MAIDEN NAME CAROLINE MERTENS	14. NAME OF HUSBAND OR WIFE MARY KOCH BRENNECKE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS W.F. BAKER	ADDRESS CAPE GIRARDEAU MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 2yr 1
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized		15yr 1
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 10, 1949** to **Dec 25, 1949**, that I last saw the deceased alive on **Dec 23, 1949**, and that death occurred at **10:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Crowe M.D.	23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED 12/27/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-27-49	24c. NAME OF CEMETERY OR CREMATORY NEW HORIZON	24d. LOCATION (City, town, or county) (State) CAPE GIRARDEAU MO
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DATE REC'D BY LOCAL REG. 12-27-1949	REGISTRAR'S SIGNATURE J. C. Summers	440	25. FUNERAL DIRECTOR'S SIGNATURE Beaumont Hill Funeral Home	ADDRESS Illmo, Mo
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RECEIVED 1-3-50

100 Health Officer St. N.Y.

Member 150-20

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4470

P. O. Address Illinois, 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.