

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4121

FILED JAN 30 1953

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 544

Registrar's No. 6177

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>	
c. LENGTH OF STAY (In this place) <b>10 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>3631 Manhattan Ave. 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3631 Manhattan Ave.</b>			
3. NAME OF DECEASED a. (First) <b>JOHN</b> b. (Middle) <b>BRENNER</b> c. (Last) <b>BRENNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 16, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-25-1872</b>
9. AGE (In years last birthday) <b>80</b>		10. UNDER 1 YEAR (Months) (Days) <b>1 21</b>	11. UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Policeman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Police - City</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Austria</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Mathews Brenner</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Johanna Kappel Brenner</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Johanna Brenner, above</b> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Sigmoid</b>		INTERVAL BETWEEN ONSET AND DEATH <b>months</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Secondary carcinoma of Abdomen</b>	
DUE TO (c)		2 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>153X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from <b>5/8/41</b> , 19___, to <b>1/16/53</b> , 19___, that I last saw the deceased alive on <b>1/16/53</b> , 19___, and that death occurred at <b>1:30P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Arthur W. Westrup M.D.</b> (Degree or title)		23b. ADDRESS <b>204 E. Big Bend</b>	
23c. DATE SIGNED <b>1/19/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-19-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Our Redeemer</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-19-53</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Douds M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith</b>		ADDRESS <b>Maplewood, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.