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

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27482

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7354

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri,
b. COUNTY
c. CITY OR TOWN St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location) Home for the Aged, 3400 So. Grand.

16 2169

3. NAME OF DECEASED (Type or Print)
a. (First) Anna
b. (Middle) M.
c. (Last) Brenner,

4. DATE OF DEATH (Month) (Day) (Year) August 20, 1955.

5. SEX Female. 1

6. COLOR OR RACE White,

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. 1

8. DATE OF BIRTH February 8, 1865

9. AGE (In years last birthday) 90
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri, 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John J. Wagener

13b. MOTHER'S MAIDEN NAME Mary Catherine Schaeffer,

14. NAME OF HUSBAND OR WIFE Paul Brenner, (deceased).

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME John Bueltemeyer, **ADDRESS** 4349 California Ave.,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Left Hip;
DUE TO (b) Generalized Arterio Sclerosis,
DUE TO (c) suffered in fall at Southwest Corner of Grand and Juniata

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
about 11:30 a.m., on July 21, 1955.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Accident

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

21c. (CITY, TOWN, OR TOWNSHIP) St Louis **(COUNTY)** Mo **(STATE)** 000

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 21 55 11:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? E-903.5

22. *I hereby certify that I attended the deceased from* _____ 19__, *to* _____ 19__, *that I last saw the deceased alive on* _____ 19__, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Patrick C. Taylor Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 8-23-55.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.

24b. DATE 8/24/55

24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cem.

24d. LOCATION (City, town, or county) St. Louis, Mo. **(State)**

DATE REC'D BY LOCAL REG. AUG 23 1955

REGISTRAR'S SIGNATURE J. Carl Smith MD
MJB

25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, **ADDRESS** 2842 Meramec St., ~~St. Louis, 18, Mo.~~

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by .....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Loron E. Percy

Licensed Embalmer No.....4(

2842 Meran

P. O. Address.....St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.