

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31048

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 444

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> <u>0</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cape Girardeau</u> <u>0</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp.</u>		Length of stay in lb <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>1008 Bloomfield</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Arnold R. Brennecke</u>				4. DATE OF DEATH <u>Sept. 29, 1957</u>			
5. SEX <u>Male 0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 5, 1893</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clark Candy Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>		11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>August Brennecke</u>				14. MOTHER'S MAIDEN NAME <u>Augusta Bierschwal</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		(If yes, give war or dates of service) <u>W. W. I.</u>		16. SOCIAL SECURITY NO. <u>499-20-5818</u>		17. INFORMANT <u>Dena Brennecke</u> Address <u>Cape Girardeau, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Renal carcinoma</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____						INTERVAL BETWEEN ONSET AND DEATH <u>180X</u> <u>7 yrs.</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>July 15 - 57</u> <u>Sept 29 - 57</u> and last saw ^{him} <u>him</u> alive on <u>Sept 29 - 57</u> . Death occurred at <u>4:15</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Sam Guertel MD 2</u> (Degree or title)				22b. ADDRESS <u>Cape Girardeau, Mo. H-H-Bldg</u>		22c. DATE SIGNED <u>10-1-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-1-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Vairmount</u>		23d. LOCATION (City, town, or county): <u>Cape Girardeau, Mo.</u> (State)	
24. FUNERAL DIRECTOR <u>Ford & Sons</u> ADDRESS <u>Cape Girardeau, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10-2-1957</u>		26. REGISTRAR'S SIGNATURE <u>O. C. Summers</u>	

(Licensed Embalmer's Statement on Reverse Side)

1957 OCT 28 100
1958 FEB 13 851

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Walter J. Ford Student Embalmer No. 5
working under my personal supervision.

Student Walter J. Ford
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. 38
P. O. Address [Address]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.