

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003527

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 216

STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY MO.
 b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS Length of stay in lb
 c. FULL NAME OF (If NOT in hospital, give location) ST. ANTHONY HOSPITAL Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4619 WILCOX AVE Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT L. BRENNECKE
 4. DATE OF DEATH Month Day Year JAN 3 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH AUG 24 1876 9. AGE (last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DRUGGIST 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) MISSOURI 12. CITIZEN OF WHAT COUNTRY U-S-A

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE CLARA BRENNECKE

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. 17. INFORMANT Address ROBERT BRENNECKE 3459 ALBERTA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute cardiac dilatation INTERVAL BETWEEN ONSET AND DEATH 1 day
 DUE TO (b) Chr Myocarditis - Purulent Pericarditis 2 yrs
 DUE TO (c) Hypertension 443x 3 yrs
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephritis Glomerular
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 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 April 8 1947 and last saw her alive on Jan. 3 1962
 Death occurred at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 2767 Louis Street (8 Mo) 22c. DATE SIGNED 1-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE JAN 6 1962 23c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEM. 23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.

24. GENERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois 25. DATE RECD. BY LOCAL REG. JAN 6 1962 26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 _____

Signature of Student Embalmer

Signed

Eleanore Province

Licensed Embalmer No.

3403

P.O. Address

2906 grove

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

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