16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3801

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 111

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmonds Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Mo. 10 Days (Specify whether years, months or days)

In this community 12 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City (If outside city or town limits, write "RURAL")

(d) Street No. 7211 Amhurst (If rural, give location)

(e) If foreign born; how long in U. S. A.? 59 years.

3. (a) PRINT FULL NAME Gustave A. Brenke

3. (b) If veteran, name war No.

3. (c) Social Security No. 489-12-5319

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July (Month) 19 (Day) 1865 (Year)

8. AGE: Years 74 Months 5 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Berlin (City, town, or county) Germany (State or foreign country)

10. Usual occupation Chemist

11. Industry or business Lambert Pharmical Co.

FATHER
12. Name Gustave Brenke
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Josephine Brenke

(b) Address 7211 Amhurst

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Lullen & Kelly

(b) Address 7264 Natural Bridge

19. (a) JAN 16 1940 (Date received local registrar) (b) T. R. Meyer M.D. Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1940 hour 930 minute P M.

21. I hereby certify that I attended the deceased from Oct. 22, 1939, to Jan 14, 1940; that I last saw him alive on Jan 14, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningeal abscess Rt. hemisphere.	3 mos?
Due to Organism not yet determined	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

134 B

Major findings: Of operations Hyperkeratosis Prostate & Bladder Stone Sep. 1939

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. Kleinschmidt (M. D. or other)

Address 827 Metropolitan Bldg Date signed 1/16/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

MAY 13 1955

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clement McNeal

Licensed Embalmer No. 3732

P. O. Address St. Louis

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, above space should be left blank.