

SEP 25 1940

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6833

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 737 Aubert 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil
(Specify whether _____)

In this community _____
years, months or days)

8. (a) PRINT FULL NAME Annie L. Brangenberg 652

3. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Brangenberg 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 22, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 18 hr. _____ min.

9. Birthplace Calhoun, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Levi Thomas

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Clomer

15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant John Brangenberg

(b) Address 737 Aubert

17. (a) Burial (b) Date thereof 8-13-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) AUG 12 1940 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 737 Aubert
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10
year 1940 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 14, 1940, to Aug 10, 1940
that I last saw her alive on Aug 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus Duration 1 yr.

Due to _____

Due to _____

Other conditions senility, chronic myocardial degeneration
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

Signature W. L. Jennings, M.D. (M. D. certifying)
Address 4660 Maryland Date signed 8-12-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed H. J. 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, above space should be left blank.