

FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15077**

Registration District No. 1084 Primary Registration District No. 5662 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Rural
(c) Name of hospital or institution: Jackson Hosp
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Rural
(d) Street No. 8 miles S.W. of Browning
(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME Adolph Herman Brehm
(b) If veteran, name war no (c) Social Security No. 700

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 11th year 1941 hour 8 minute 30 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lea Brehm 6. (c) Age of husband or wife if alive 71 years (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July, 1940, to April 11, 1941; that I last saw him alive on March 20, 1941; and that death occurred on the date and hour stated above.

7. Birth date of deceased March 16 - 1865
8. AGE: Years 76 Months 0 Days 25 If less than one day _____ by _____ min.

Immediate cause of death Chronic myocarditis Duration 5 years
Due to _____
Due to _____

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

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business _____

Major findings: Peasanti
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Alexander Brehm
13. Birthplace Germany
14. Maiden name Christina Kottman
15. Birthplace Germany

16. (a) Informant Lea Brehm
(b) Address Browning Mo.
17. (a) Burial (b) Date thereof Apr. 13, 1941
(c) Place: burial or cremation Noon Cemetery

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? _____

18. (a) Signature of funeral director A. J. Cunn
(b) Address Browning Mo.
19. (a) _____ (b) Elva C. C. C.

23. Signature J. R. M. A. L. (M. D. or other) D
Address Browning Mo. Date signed _____

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.....

A. J. Rivers

Licensed Embalmer No. *1407*

P. O. Address *Browning, Md*

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, fact should be so stated above.