

FILED DEC 11 1942

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **10003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether Life)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Minnie P. Brenner

8. (b) If veteran, name war No 8. (c) Social Security No. 498-03-8970

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

6. (b) Name of husband or wife Elmer Brenner 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased: December 4, 1916
(Month) (Day) (Year)

8. AGE: Years 25 Months 11 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Adam Schank 13. Birthplace Austria
(City, town, or county) (State or foreign country)

{ 14. Maiden name Eva Nieman 15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer W. Brenner
(b) Address 4639 Pennsylvania

17. (a) Burial (b) Date thereof 12 2 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Washburn-Kelley's Undertaking Co.
(b) Address 3634 Gravois Avenue

19. (a) DEC 1 1942 (b) J. F. Bradlock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4639 Pennsylvania
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1942 hour 4 minute 45 M.

21. I hereby certify that I attended the deceased from June 28, 1937 to Nov 29, 1942
that I last saw her alive on Nov 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease

Due to _____

Due to _____

Other conditions (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)
(e) Means of injury _____

23. Signature Edgar W. Spingy (M. D. or D. O.)
Address 1476 Potomac Date signed 11/30/42

Duration 5 1/2 yrs
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 Robert Cishuly

Licensed Embalmer No. 2178

P. O. Address St. Andrews

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.