V. S. No. 2
50M—9-4-41
Re 5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10001

FILED MAR 18 1943

Registration District No. 97 Primary Registration District No. 3016 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(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 One Day (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 3 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY BRENNEKE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Brenneke

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

7. Birth date of deceased May (Month) 30 (Day) 1872 (Year)

8. AGE: Years 70 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Jaco Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Herman Backers

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

14. Maiden name Crisana Schneider

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

16. (a) Informant Anton Brenneke

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation Jaco Mo.

18. (a) Signature of funeral director Sylvester Dulle

(b) Address Jefferson City Mo.

19. (a) 2-19-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month February day 15 year 1943 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from Feb. 14, 1943, to Feb. 15, 1943; that I last saw her alive on Feb. 15, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Arteriosclerotic heart disease

Due to

Other conditions Auricular fib. & decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 A. Ossman (M. D. or other) M.D.

Address Jefferson City, Mo. Date signed 2/17/43

(Licensed Embalmer's Statement on Reverse Side)

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~~ Sylvester Dulle, Registered Apprentice No. ....., working under my personal supervision.

Signed Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo

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.