

No. 2
M-5-43
5-17-39
x38671

FILED DEC 16 1946
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Registration District No. _____ Primary Registration District No. _____

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

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:
4639 Pennsylvania
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Norma Brenner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Female / white 5. Color or race

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

6. (b) Name of husband or wife Elmer 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased: Oct. 17 1919
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>27</u>	<u>I</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name John Cain

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

14. Maiden name Aloira Honce

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

16. (a) Informant Elmer Brenner

(b) Address 4639 Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II/23/46
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 2027 Gravois

19. (a) NOV 23 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4639 Pennsylvania
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th
year 1946 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Neurogenic Heart Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

23. Signer Walter Perry (M. D. or other) _____
Address _____ Date signed 11/23/46

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 14 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.