

FILED MAY 9 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4390

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Hours
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME EVELYN T. BRENINGER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Late Robert H. Breninger 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 9th, 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 20
If less than one day hr. _____ min. _____

9. Birthplace Brooklyn New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Name of business Eugene Tarbox

12. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Saddington

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

16. (a) Testament Ernest H. Schultz, Jr.
Address 625 S. Skinker Boulevard

17. Removal (b) Date thereof Apr. 30, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City, New York

18. (a) Signature of funeral director Calvin E. Feutz
(b) Address 4828 Natural Bridge Boulevard

19. (a) APR 30 1947 (Date received local registration)
J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New York
(c) City or town Saint Louis (If outside city or town limits, write "RURAL")
(d) Street No. 625 S. Skinker Boulevard
111 East 48th Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1947 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 1 1945 to April 29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 4 days

Due to Hypertensive heart disease 10 yrs.

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

Major findings: 6/1
Of operations _____
Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature H. G. Newman (M. D. or other) M. D.
Address 3720 Washington Date signed 4/30/47

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

COM-OTHER FOR
1-1-47
copy of
filed

Office (Medmortality)
4/30/47
Tom Lewis

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 Ralph C. Litch
Licensed Embalmer No. 4275
P. O. Address Dr. Litch

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.

A F F I D A V I T

Before me, a Notary Public within and for the City and State aforesaid, appeared ERNST H. SCHULTZ, JR., personally known to me who first being sworn stated as follows:

EVELYN T. BRENINGER died in the City of St. Louis on or about April 29, 1947; at the time of her death said EVELYN T. BRENINGER's residence and domicile were 111 East 48th Street, in the City, County and State of New York; the information shown on the Certificate of Death states the "usual residence of deceased" to be City of St. Louis, State of Missouri; this is an inadvertent error and should be corrected to show usual residence to be City, County and State of New York as above set forth; affiant is the son-in-law of deceased.

Ernst H. Schultz, Jr.

Subscribed and sworn to before me this 12th day of June, 1947.

Madonna Hickey, Notary Public

My commission expires: February 26, 1957

14886