

No. 300  
-10-47  
-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED AUG 23 1948  
Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 27549  
Registrar's No. 6978

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

1. PLACE OF DEATH:  
(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution: ST. LUKE'S HOSPITAL  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

3: (a) PRINT FULL NAME ROBERT W. BRENNER  
3: (b) If veteran, name war  
3: (c) Social Security No.

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased OCT. 20 1907  
(Month) (Day) (Year)

8. AGE: Years 40 Months 9 Days 18  
If less than one day hr. min.

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation ADVERTISING MGR.

11. Industry or business GENERAL ELECTRIC CO.

12. Name JOHN BRENNER

13. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

14. Maiden name BERTHA SCHOENKY

15. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant OTTO J. BRENNER

(b) Address 3850 1/2 UTAH PL.

17. (a) BURIAL (b) Date thereof 8-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKEWOOD PARK CEM.

18. (a) Signature of funeral director KRIEGSHAUSER UND.

(b) Address 4208 S. KINGSHIGHWAY

19. (a) AUG 9 1948 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County MOO  
(c) City or town ST. LOUIS  
(d) Street No. 3850 1/2 UTAH PL.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month AUG. day 8  
year 1948 hour 8:30 minute PM  
21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Aneurysm  
Duration

Due to  
Due to  
Other conditions  
Major findings:  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Patrick E. Taylor, M.D.  
Address 1300 Clark St. Date signed 8-9-48  
(Specify type of place) (c) Means of injury

SEP 11 1944

---

---

**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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

**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.**