

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

43  
39  
36871

FILED NOV 4 1948

Registration District No. **3010**

Primary Registration District No. **3010**

Registrar's No. **329**

1. PLACE OF DEATH:  
 (a) County **CAPE GIRARDEAU**  
 (b) City or town **CAPE GIRARDEAU**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **ST FRANCIS HOSP**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 DAYS**  
 In this community **77 YEARS**  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME **MISS. MINNIE BRENECKE**  
 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 **SINGLE**  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive  years

7. Birth date of deceased **July - 7 - 1871**  
 (Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **19**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **CAPE GIRARDEAU Mo**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**  
**HOME**

11. Industry or business \_\_\_\_\_  
 12. Name **FRED BRENECKE**  
 13. Birthplace **GERMANY**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **DENA HUNZLE**  
 15. Birthplace **GERMANY**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **HERMAN BRENECKE**  
 (b) Address **CAPE GIRARDEAU Mo**

17. (a) **BURIAL** (b) Date thereof **10-28-48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **FAIRMOUNT CEM**

18. (a) Signature of funeral director **Walthus Funeral Home**  
 (b) Address **Cape Girardeau Mo.**

19. (a) **10-29-48** (b) **G. C. Summers**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **CAPE GIR**  
 (c) City or town **CAPE GIRARDEAU**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **28 No. FOUNTAIN, ST**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **OCT** day **26**  
 year **1948** hour **9** minute **45 P.M.**  
 21. I hereby certify that I attended the deceased from **10-6** 19**48** to **10-26** 19**48**  
 that I last saw her alive on **10-25** 19**48**  
 and that death occurred on the date and hour stated above.

| Immediate cause of death                          | Duration       |
|---|----------------|
| <b>Cerebral Apoplexy</b>                          | <b>4 days</b>  |
| Due to <b>Arterial sclerosis and hypertension</b> | <b>1</b>       |
| Due to _____                                      | _____          |
| Other conditions <b>fractured left hip 10/18</b>  | <b>20 days</b> |
| (Include pregnancy within 3 months of death)      |                |

Major findings: **fract hip - pinned on 10-8-48 - no complications**  
 Of autopsy \_\_\_\_\_  
 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 **D**  
 23. Signature **R. G. Rutter, M.D.** (M. D. or other)  
 Address **Cape Girardeau Mo.** Date signed **10-28-48**

RECEIVED

Health Officer No. 4

File Number 1148-1

Date Filed 11-6-48

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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

*Virgil H. Welch*

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

**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.**

Registration District No. 0-3 Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(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 Miriam Bruner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 7 (Month) (Day) (Year)

8. AGE: Years 77 Months \_\_\_\_\_ Days \_\_\_\_\_ (If less than one day) \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) MO

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month \_\_\_\_\_ Year 1948 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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) Accident  
(b) Date of occurrence Oct 9 - 1948  
(c) Where did injury occur? Cape Girardeau, MO (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? Home (Specify type of place) (e) Means of injury fall

23. Signature P. G. Patten (Date signed) 11-12-48  
Address Cape Girardeau, MO

SUPPLEMENTARY

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

MOTHER FATHER

S-32222