

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34618**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8340**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) **ST. LOUIS** 2169

d. FULL NAME OF HOSPITAL OR INSTITUTION **3614^A ARSENAL ST.** d. STREET ADDRESS (If rural, give location) **3614^A ARSENAL ST.**

3. NAME OF DECEASED a. (First) **BARBARA** b. (Middle) _____ c. (Last) **BRENNEKE** 4. DATE OF DEATH (Month) (Day) (Year) **OCTOBER 2, 1950**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED** 8. DATE OF BIRTH **DEC. 3, 1866** 9. AGE (In years last birthday) **83** 9. UNDER 1 YEAR Months **9** Days **29** 9. UNDER 2 HRS. Hours **29** Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED RECREATION SUP'T** 10b. KIND OF BUSINESS OR INDUSTRY **SCRUGGS-VANDERVOORT BAKERY** 11. BIRTHPLACE (State or foreign country) **ST. LOUIS** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **WILLIAM G. BRENNKE** 13b. MOTHER'S MAIDEN NAME **CAROLINE SCHENK** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **492-24-6654** 17. INFORMANT'S SIGNATURE OR NAME **MRS ANNA ANSCHUETZ** ADDRESS **3614^A ARSENAL ST.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION**
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocarditis (Acute)** INTERVAL BETWEEN ONSET AND DEATH **24 hrs**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Diabetes** **6 years.**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **216X**

22. I hereby certify that I attended the deceased from **June 15, 1944**, to **Oct 2nd, 1950**, that I last saw the deceased alive on **Oct 2, 1950**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. W. Rolling MD** 23b. ADDRESS **2125 Sidney st.** 23c. DATE SIGNED **Oct 3-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **OCT. 4, 1950** 24c. NAME OF CEMETERY OR CREMATORY **ST. MATTHEWS CEM.** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS**

DATE REC'D BY LOCAL REG. **OCT 3 1950** REGISTRAR'S SIGNATURE **J. B. Casler** 25. FUNERAL DIRECTOR'S SIGNATURE **Wm. J. Robert L. & U. Co.** ADDRESS **1905 So. GRAND Blvd.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
G.A. 3135

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis 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.