

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35

40424

B2

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. Bethesda Home)

File No.

Registered No. 177

St. Ward)

2. FULL NAME

Joyce Brunlere (Twin)

(a) Residence. No. Bethesda St., 10 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 3 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

9-23-26

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

3

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

- ?

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

?

12. MAIDEN NAME OF MOTHER

Annie Brunlere

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

14. INFORMANT

(Address)

J. Elise Schroeder
3651 Vista Ave.

15. FILED

NO. 19-3 1927

Mar. 6, Starzoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 - 1926

17. I HEREBY CERTIFY, That I attended deceased from 12-19-26, 19....., to 12-24-26, 19....., that I last saw him alive on 12-26-26, 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute photos meningitis

159 29A/68W

CONTRIBUTOR (SECONDARY)

Prematurity (7 mo.)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Ear examination

(Signed) W. Starzoff, M. D.

, 19 (Address) 3649 Vista

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

POTTER'S FIELD

1-6-1927

20. UNDERTAKER

ADDRESS

E. Sherman 1826 Locust

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

