

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

Do not use this space.

14815

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis, Mo.* (No.)

Sanitarium

File No.

Registered No. **3697**

St.

Word)

2. FULL NAME

Fred J. Brunk

(a) Residence. No. *1608* *Arlington* *Av.* *13* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *1* yrs. *10* mos. *7* da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF *May Brunk*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 27. 1891*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>36</i>	<i>7</i>	<i>5</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Architectural Draftsman.*
(b) General nature of industry, business, or establishment in which employed (or employer) *Unknown*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*
(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Unknown*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *St. Paul*
(STATE OR COUNTRY) *Minnesota*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Illinois*
(STATE OR COUNTRY)

14. INFORMANT *K. Sherrill*
(Address) *City same*

15. *APR - 3 1928*
FILED *19* *Ray C. Starbuck*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *4-2-1928*

17. I HEREBY CERTIFY, That I attended deceased from *Sept 6, 1926*, to *4-2-1928*, that I last saw him alive on *4-1-1928*, and that death occurred, on the date stated above, at *5:10 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis

CONTRIBUTORY (SECONDARY) *76*
(duration) yrs. mos. da.

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?

(Signed) *K. Sherrill*, M. D.

4-2-1928 (Address) *City same*

*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

Zions Cemetery
Rehmann Harold

Apr 4 1928
ADDRESS *1905 Union*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

