

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

Do not use this space.

21372

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

Township.....

Primary Registration District No.....

File No.....

Registered No.....

City St. Louis

(No. 8530 Park Lane) Westminster Hospital

St.

Ward.....

2. FULL NAME

Fred Brunschwicker

(a) Residence. No. 8530 Park Lane

St. 8 Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Bertha Brunschwicker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1878 Mch 12 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

52

3

14

8. OCCUPATION OF DECEASED

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

Salesman

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

Weisenborn Coal Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo

10. NAME OF FATHER

Fredrick Brunschwicker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Lina Vorderstrasse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Bertha Brunschwicker

8530 Park Lane

15.

FILED

19

Mar C. Stork

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

JUN 26 1930

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 3:00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93c

CONTRIBUTORY (SECONDARY)

90B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?.....

DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. W. Kerney

6/27 1930

(Address) Deputy Coroner

*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

New Bethlehem Cemetery

6/28 1930

20. UNDERTAKER

ADDRESS 1936

Theo. H. Geiderwiden

St. Louis

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.

