

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. THIS IS A PERMANENT RECORD

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 191
 Township Primary Registration District No. 03
 City Othois (No. St. Johns Hospital) St. Ward)

File No. **21584**
 Registered No. **5380**

2. FULL NAME

Albert H Brunner

(a) Residence, No. St. 17 Ward. Carbondale Ill
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos 20 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 Pearl Brunner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>60</u>	<u>8</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurantier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 51

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 93

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ny.

13. NAME don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Mrs Pearl Brunner Carbondale Ill.

18. BURIAL, CREMATION, OR REMOVAL PLAC Carbondale Ill DATE 6-18 1933

19. UNDERTAKER (ADDRESS) Rowland Mortuary Service 522 1/2 Delaware Bldg

20. FILED JUN 20 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-29-33 19... to 6-19-33 19... I last saw him alive on 6-19-33 19... Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder Date of onset ?

Myocardial failure following operation 6-16-33

Other contributory causes of importance: 51

1. Name of operation Electric coagulation of tumor Date of 6-8-33

What test confirmed diagnosis? Lab. Exam. Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) R. B. Bassett M. D. (Address) 509 Humboldt Bldg

Lewis & Carroll

1933-6-49

60-9-23

1872-8-26

IR 6455R.