

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

Do not use this space.

16334

1. PLACE OF DEATH

County LASCONADE
Township HERMANN
City HERMANN (No.)

Registration District No. 303
Primary Registration District No. 4182

File No.
Registered No. 17
St. Ward

2. FULL NAME

REINHOLD BRUNNER JR

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

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella Brunner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>NOV-30-1871</u>		
7. AGE YEARS <u>62</u> MONTHS <u>5</u> DAYS <u>28</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RETIRED FARMER</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SWITZERLAND</u>		
13. NAME <u>REINHOLD BRUNNER JR</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SWITZERLAND</u>		
15. MAIDEN NAME <u>ELIZABETH HOESLER</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SWITZERLAND</u>		
17. INFORMANT <u>Louis Brunner</u> (ADDRESS) <u>Hermann Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hermann City Cem</u> DATE <u>5/19/34</u>		
19. UNDERTAKER <u>HUGO BLUMER</u> (ADDRESS) <u>Hermann Mo</u>		
20. FILED <u>5-28</u> 19 <u>34</u> <u>Anna R. Rickhoff</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1934

22. I HEREBY CERTIFY, That I attended deceased from March 24 1934 to May 26 1934
I last saw him alive on May 25 1934 Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:
Valvular Heart Disease Date of onset ?

Other contributory causes of importance:
Chronic Nephritis

Name of operation Chloroform Date of
What test confirmed diagnosis? Chloroform 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) H. Keesling, M. D.
(Address) Hermann Mo

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.

JUN 21 1934

