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.

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

OCT 28 1935

Do not use this space.

31515

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170

Township Central — Primary Registration District No. 6484

City Richmond Heights (No. St. Marys Hospital St. Ward)

File No.

Registered No. 187

2. FULL NAME Wilford J. Bruner

(a) Residence, No. 2608 Oakview Terrace St., Ward. Maplewood
(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: Pearl Bruner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 25th, 1872

7. AGE: 63 YEARS, 2 MONTHS, 16 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Iowa

FATHER

13. NAME: Isach Bruner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknwon

MOTHER

15. MAIDEN NAME: Unknown French

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Pearl Bruner, 2608 Oakview Terrace

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Oak Hill Cem. DATE: Sept. 14th, 1935

19. UNDERTAKER (ADDRESS): Drehmann Naval, 1905 Union Blvd.

20. FILED: 9/11, 1935 Gertrude Porter, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-29, 1935, to 9-11, 1935

I last saw him alive on 9-11, 1935. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

	Date of onset
acute dilatation of heart	9-10

Other contributory causes of importance:

Septic Pneumonia	9-4

Name of operation: Cholecystectomy, appendectomy. Date of: 8-30-35

What test confirmed diagnosis? 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?

If so, specify

(Signed) H. L. Pinckney, M. D.

(Address) 2816 Sutton

Mr Luckey
2816 Sutton Ave
140 v Woodland.