

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

Do not use this space.

DEC 3 1936

42479

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 3524 Itaska St.)

File No.
Registered No. 10963
St. Ward)

2. FULL NAME Herman J. Brundick

(a) Residence, No. 3524 Itaska St. St. 15 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Birdie Brundick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 28, 1905</u>		
7. AGE YEARS <u>31</u>	MONTHS <u>0</u>	DAYS <u>3</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Driver Polar Wave</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) Pacific
(STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Herman B rundick

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Meurer

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Mrs Mary Brundick
(ADDRESS) 5301 Page Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific, Mo. DATE 11-3 1936

19. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Bldg.

20. FILE NO. NOV - 2 1936
J. Brundick
Registrar.

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:
Gunshot wound of heart & lungs caused by bullet from gun in hand of Birdie Brundick at 35204 Itaska.
Date of onset

Other contributory causes of importance:
173

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide homicide Date of injury..... 19.....
Where did injury occur? Itaska Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
home

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) J. Brundick, M.D.
(Address) Itaska, Mo.

11/2/36

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.

Common