

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.

JAN 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. **791**
Primary Registration District No. **1003**
5717 Maffitt Avenue

43285

File No.
Registered No. **11873**
St. Ward)

2. FULL NAME JOHN WILLIAM BRUNER
(a) Residence, No. 5717 Maffitt Avenue St. 6 Ward. (If nonresident, give city or town and State)
(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? 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>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Bruner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5th, 1867</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>6</u>	DAYS <u>25</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>Farmer</u>	11. Total time (years) spent in this occupation.....
	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).....	

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

FATHER 13. NAME John Henry Bruner

FATHER 14. BIRTHPLACE (CITY OR TOWN)..... Unknown
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT William E. Bruner
(ADDRESS) 5717 Maffitt Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Wayne City, Ill. DATE December 3rd, 1936

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue.

20. FILED St. Bredeck
Registrar.

DEC 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1926, to Nov 30, 1936

I last saw him alive on Nov 30, 1936 Death is said to have occurred on the date stated above, at 11 P. M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Lung
W. H. D.
Other contributory causes of importance:
none

Date of onset 5/10/36

Name of operation none Date of 5/10/36
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) John D. Pae, M. D.
(Address) 1497 Woodman

