

JUN 12 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

Registration District No.....
Primary Registration District No.....
(No. 860 Harlan Ave.)

791
1003

File No. 18235
Registered No. 4811
St. Ward)

2. FULL NAME Dale Robert Brundies

(a) Residence, No. 860 Harlan Ave. St. 9 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3rd, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
-- -- 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St. Louis, Mo.

13. NAME Ben Brundies

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

15. MAIDEN NAME Clara Froeschner

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

17. INFORMANT Ben Brundies
(ADDRESS) 860 Harlan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Xiona Cemetery DATE April 6th, 1937

19. UNDERTAKER Drehmann Nandal
(ADDRESS) 1905 Union Blvd.

20. FILED MAY 11 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-5-37 5PM, 1937, to 4-6-37 5AM, 1937

I last saw h. l. m. alive on 4-5-37 5:30 PM, 1937 Death is said to have occurred on the date stated above, at 5 a m.

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

Premature
mal development of circulatory
system.
Dehydration
Date of onset 4-3-37

Other contributory causes of importance:

Name of operation..... Date of.....

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? no
If so, specify

(Signed) W P Hamilton, M. D.
(Address) 8363 Belle Ferry Rd.

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.

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