

REC'D JUL 14 1938

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

21376

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 632  
(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital, St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 68 yrs. mos. da.

2. PRINT FULL NAME Albert Joseph Brunswig, 652

(a) Residence, No. 2404 Francis, St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 Ida R. Brunswig,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 17, 1852  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 7 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant,  
9. Industry or business in which work was done, as saw mill, bank, etc. Grain,  
10. Date deceased last worked at this occupation (month and year) June 1938 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montmedy, France,

13. NAME Daniel Joseph Brunswig,  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, France,

15. MAIDEN NAME Rosalie Lazarre,  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, France,

17. INFORMANT Mrs. Ciff N. His  
(ADDRESS) 2404 Francis Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Adath Joseph Cem DATE June 17, 1938

19. FUNERAL DIRECTOR Theaton-Biguel-Brown  
(ADDRESS) 319 So. 10th Street, Terminal

20. FILED 417 38 N. J. Mettelsch  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1938, to June 16, 1938

I last saw him alive on 6-15, 1938 Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Carcinoma of esophagus (T) Date of onset

Other contributory causes of importance: H6

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? judging 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? \_\_\_\_\_ (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. C. Clark, M. D.  
(Address) St. Joseph Mo.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield

Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself June 16, 1921

L. E.

No.  or by  Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)