

REC'D FEB 10 1939

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

791

1003

867  
Do not use this space.

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**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City..... St. Louis, Mo. (d) Street No..... 5537 Plover 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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Earnest Brunke

(a) Residence, No. 5537 Plover St. 7 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Brunke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13, 1858</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>6</u>
	DAYS <u>14</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Railroad</u>	
	10. Date deceased last worked at this occupation (month and year).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	<u>6</u>	
FATHER	13. NAME <u>Andrew Brunke</u>	<u>6</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	<u>6</u>
MOTHER	15. MAIDEN NAME <u>Johanna Vogelsang</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Elizabeth Brunke</u> <u>5537 Plover</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cape Girardeau</u>	DATE <u>1/29/39</u>	19.....
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Edith E. Ambruster</u> <u>4234 Manchester</u>		
20. FILED <u>JAN 27 1939</u>	<u>J. B. Brulech</u> Local Registrar	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 36 to Jan 27, 1939  
 I last saw him alive on Jan 26, 1939. Death is said to have occurred on the date stated above, at 5:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Ch. Myocarditis  
Enteric Sclerosis  
 Date of onset

Other contributory causes of importance:

Name of operation None Date of.....  
 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?..... 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. H. Crowe, M. D.  
 (Address) 573 Plover

(Licensed Embalmer's Statement on Reverse Side)

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No. ....

working under my personal supervision.

Signed

*Stephen Eymck*

..... Licensed Embalmer No. *1284* .....

..... P. O. Address *St. Louis Mo* .....

**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.)**

**If this body is not embalmed, above space should be left blank.**