MAR 13 1939 CSSD APR 7 1939

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

12256
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Bonhomme~~ — Primary Registration District No. 106 — Registered No. 448
(c) or City Kirkwood Mo — (d) Street No. 336 W. Madison Ave 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 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frances C. Brunner
(a) Residence, No. 336 W. Madison Ave St. Kirkwood Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) Jan. 13 1870

7. AGE: Years 69 — Months 1 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER
13. NAME George F. Brunner
14. BIRTHPLACE (CITY OR TOWN) Lips (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME ? Roos
16. BIRTHPLACE (CITY OR TOWN) Le Mans (STATE OR COUNTRY) France

17. INFORMANT Laura Brunner
(ADDRESS) 336 W. Madison Ave Kirkwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem. DATE 3-13 1939

19. FUNERAL DIRECTOR (NAME) Louis H Bopp
(ADDRESS) 131 W Argonne Dr Kirkwood Mo

20. FILED MAR 13 1939 D. R. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10/39, 19

22. I HEREBY CERTIFY, That I attended deceased from Mch 21, 1932 to Mch 11, 1939
I last saw h alive on Mch 10 1939. Death is said to have occurred on the date stated above, at 4:15a.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma mg. R. Cervical Hypostatic Glands Proved by autopsy by Dr. Onne Cox, St Louis	3-15-35
Other contributory causes of importance: Radical R breast amp. for carcinoma	5D 4-3-32

Name of operation Rad. breast amp. Date of 4-3-32
What test confirmed diagnosis? Microscopy. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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 X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John V Armstrong, M. D.
(Address) 9?? N. Kirkwood Road Kirkwood Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2. 50M-9-1938 1 X16605

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 John M Meyer, Registered Apprentice No. ....., working under my personal supervision.

Signed John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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.