

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

34252
Do not use this space.

1. PLACE OF DEATH ¹⁸⁵⁰ NOV 13 1939

(a) County 2 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 4543 Varrelmann St. 8790
 (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 62 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry John Brune Sr. 650

(a) Residence, No. 4543 Varrelmann 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 Elsie Brune

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	62	8	7	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as saw mill, bank, etc. own business

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

FATHER

13. NAME Fred Brune

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Elsie Brune 4543 Varrelmann

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem. DATE Oct 16/39

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Welder 2331 S. Broadway

20. FILED OCT 16 1939 J. D. Baker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1939, to Oct 13 1939
 I last saw him alive on 10-13 1939 Death is said to have occurred on the date stated above, at 11:30
 The principal cause of death and related causes of importance were as follows:
Myocarditis Acute Date of onset 10 day
caused by chronic myocarditis
 Other contributory causes of importance Coronary thrombosis 20 days

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 no
 (Signed) W. H. Burroughs M. D.
 (Address) 4255 Moizeau St

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.

I. X12004

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler, Licensed Embalmer No. 2128

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2128

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.)