

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5057

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days  
(Specify whether  
In this community 30 yrs  
years, months or days)

3. (a) PRINT FULL NAME Fred Brunner 656

3. (b) If veteran, name war NO 3. (c) Social Security No. N/A

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased about 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace BEAUKVILLE ILL. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation NOTION SALES MEN 9

11. Industry or business Unknown

MOTHER FATHER  
12. Name D. K. Unknown  
13. Birthplace D. K. Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name D. K. Unknown  
15. Birthplace D. K. Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant William Sledge Jr.  
(b) Address 4244 Oak St. St. Louis Mo.

17. (a) BURIAL (b) Date thereof 6/10/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEM.

18. (a) Signature of funeral director Jed Myers + Sons  
(b) Address 3934 N. 20th St. Louis Mo.

19. (a) JUN 10 1940 (b) \_\_\_\_\_  
(Date registered local registrar) (Signature, embalmers)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis Mo 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3666 Cleveland Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1940 hour 4:35 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May  
26, 1940 to May 31, 1940;  
that I last saw him alive on May 31, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis  
(Type - Unknown) Duration 5 days

Due to \_\_\_\_\_  
Due to 76  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Walter Ford (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 6/10/40

**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.....

*Embalmer's blank signed.*

Registered Apprentice No. ....

working under my personal supervision.

*OK.  
E.P.R.*

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**