

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Died Civil Courts Building 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Fred H. Brune

3. (b) If veteran, name war No 3. (c) Social Security No. 489-01-1470

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Brune 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased May 24, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 4 17 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business St. Louis Post-Dispatch

12. Name Herman Brune

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Langley

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Brune

(b) Address 3976 Schiller Pl.

17. (a) Burial (b) Date thereof 10/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Wacker-Heldersle

(b) Address 2331 S. Broadway

19. (a) OCT 11 1940 (b) J. J. Brundick
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 3976 Schiller Pl.
(If rural, give location)
(e) Foreign born, born in U. S. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1940 hour 1 minute 10 p.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis with Hypertrophy & Dilatation of right ventricle;
Due to Contrib: Chronic Emphysema;
Chronic Bronchitis;

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____
to the cause of injury _____

23. Signature W. J. Brundick (M. D. or other) _____
Address 2331 S. Broadway Date signed 10/14/40

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Robert C. Wheeler

Licensed Embalmer No.

2128

P. O. Address

Portland, Me.

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, fact should be so stated above.