

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF BIRTH:

(a) County St. Louis, Missouri
 (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: St. Louis City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
60yrs. (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME Harry Brunnell3. (b) If veteran, name war Unknown3. (c) Social Security No. Unknown4. Sex Male5. Color or race White6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife None6. (c) Age of husband or wife if alive None years7. Birth date of deceased April 4, 1870
(Month) (Day) (Year)8. AGE: Years 70 Months 6 Days 16
If less than one day hr. min.9. Birthplace Buffalo, New York
(City, town, or county) (State or foreign country)10. Usual occupation Nil.11. Industry or business Nil.12. Name James Brunnell13. Birthplace New York
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth (Unknown)15. Birthplace New York
(City, town, or county) (State or foreign country)16. (a) Informant Ann Morrison
(b) Address City Hospital #117. (a) BURIAL (b) Date thereof 10-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY18. (a) Signature of funeral director Hulen & Helly(b) Address 1416 N. Taylor Ave19. (a) OCT 30 1940 (b) J. J. Brudish
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3126 Lafayette Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20,
year 1940 hour 5:25 minute P. M.21. I hereby certify that I attended the deceased from October
19, 19 40 October 20, 19 40
that I last saw him alive on October 20, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death

bronchitis + pulmonary fibrosis

Due to

Due to

Other conditions arteriosclerosis +
(Include pregnancy within 3 months of death)
chronic myocarditisMajor findings:
Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature H. M. Ziegler (M. D. or other)
Address 1515 Lafayette Avenue Date signed 10/21/40

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.....

working under my personal supervision.

myself, Registered Apprentice No.....

city license
#145

Signed.....

Glenn E. Anderson

Licensed Embalmer No.....

4141

P. O. Address.....

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.