

Registration District No. _____

Primary Registration District No. 200Registrar's No. 800

1. PLACE OF DEATH

- (a) County ST LOUIS
 (b) City or town SAPPINGTON, MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community
years, months or days3. (a) PRINT
FULL NAMENANCY F BRUNSMANN3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex FEMALE5. Color or
race W.6. (a) Single, widowed, married,
divorced S (1)

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

10 31 1940
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

5 10 hr. min.

9. Birthplace

SAPPINGTON, MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name

WILLIAM BROUSMANN

13. Birthplace

FENTON MO
(City, town, or county) (State or foreign country)

14. Maiden name

FANNESSE CHOTT

15. Birthplace

MURPHY MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Nancy Brunsmann

(b) Address

SAPPINGTON, MO17. (a) BURIAL (b) Date thereof 2/13/41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

ST PAULS CEMETERY

18. (a) Signature of funeral director

Herbert Koch

(b) Address

FENTON MO19. (a) APR 12 1941 (b) _____

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County ST LOUIS
 (c) City or town SAPPINGTON
 (If outside city or town limits, write "RURAL")
 (d) Street No. GRAVOIS ROAD (R)
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1941 hour 5 minute _____ A.M.21. I hereby certify that I attended the deceased from April 4, 1941, to April 11, 1941
that I last saw her alive on April 10, 1941
and that death occurred on the date and hour stated above.Immediate cause of death Bronchial
PneumoniaDuration
7
days

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations noneOf autopsy none

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) (e) Means of injury _____

23. Signature W. Danahy (M. D. or other) _____
Address 3758 Calayche Date signed 4-12-41

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.....

Jennick M. Hoch

Licensed Embalmer No. *3047*

P. O. Address.....

Fenton, 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.