

FILED OCT 2 1941

Registration District No. **284**

Primary Registration District No. **200**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Pine Lawn**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2105 Oak Avenue.**  
(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 days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Pine Lawn**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2105 Oak Avenue.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **13th.**  
year **1941** hour **4** minute **20 P.M.**  
21. I hereby certify that I attended the deceased from **June 15**, 19**41** to **Sept 13**, 19**41**  
that I last saw her alive on **Sept 13**, 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Myocardial infarction**  
**Chronic Endocarditis**  
**Obstruction of transverse**  
**Colon at Cecum caused by**  
**Carcinomatous growth in the area**  
Other conditions: **Small Intestine**  
(Include pregnancy within 3 months of death)

Duration  
**6 mo.**

Major findings:  
Of operations: **4/6**  
Of autopsy: \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **MATILDA DE BRUNER.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Eugene P. DeBruner.** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased: **January 19, 1866.**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **25** If less than one day hr. min.

9. Birthplace: **? Sweden.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **Peter Stark.**

13. Birthplace: **? Sweden.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jurgensen.**

15. Birthplace: **? Sweden.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Eugene P. DeBruner.**

(b) Address **2105 Oak Avenue.**

17. (a) **Burial** (b) Date thereof: **9-16-1941.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch Inc.**

(b) Address **5966-68 Easton Ave.**

19. (a) **SEP 15 1941** (b) **J. M. Duran**  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

Dr. C.N.Salerno.  
7320 Florissant Road.  
9.30 A.M.  
Telephone Goodfellow 2999

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**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.....

Licensed Embalmer No. *4053*

P. O. Address..... *St. Louis*

**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.**