No. 2
-1-4-41
5-17-39
T X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19418

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5934

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

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:
Lutheran Hospital 0
(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 Lemay NR
(If outside city or town limits, write "RURAL") 96

(d) Street No. 9551 Gentry 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Dina Brunner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Florian Brunner

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July (Month) 5 (Day) 1880 (Year)

8. AGE: Years 62 Months 0 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Reinhardt Reimer
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Florian Brunner
(b) Address 9551 Gentry Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Lutheran Cem.

18. (a) Signature of funeral director C Hoffmeister U & L Co.
(b) Address 7814 S. Broadway

19. (a) JUL 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1942 hour 11 minute 50 am. M.

21. I hereby certify that I attended the deceased from July 10, 1942, to July 12, 1942;
that I last saw her alive on July 12, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac disease acute	
Decompensated	4 days
Due to: Carcinoma Thr. Ventricle	6 wk
Due to	
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 0

23. Signature A M Grant (M. D. or other) MD
Address 365 Broadway Date signed 7/12/42

(Licensed Embalmer's Statement on Reverse Side)

Jeff 4430 1-2.30
3651 Grandel Sq.

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.