

FILED SEP 23 1942

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7698

1. PLACE OF DEATH:

(a) County.....  
(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:  
Jewish Hospital.  
(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)

3. (a) PRINT FULL NAME DOROTHY B. BRUNOTTE.

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 William F. Brunotte. 6. (c) Age of husband or wife if alive 41. years  
7. Birth date of deceased June 11, 1904.  
(Month) (Day) (Year)

8. AGE: Years 38. Months 3. Days 2. If less than one day  
hr. min.

9. Birthplace Chicago, Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business.....

MOTHER FATHER { 12. Name Adolph Frech.  
13. Birthplace Chicago, Illinois.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rosa Debb.  
15. Birthplace Chicago, Illinois.  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm F. Brunotte.

(b) Address 9356 West Pine.

17. (a) Removal. (b) Date thereof 9/15/1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7253 Delmar Bldg.

19. (a) SEP 15 1942 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis.  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9356 West Pine.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't day 15,  
year 1942. hour 4:20 minute A. M.

21. I hereby certify that I attended the deceased from August  
1940, to September 13, 1942.  
that I last saw h. alive on September 11, 1942.  
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of Vagina Duration 2 1/2 yrs.  
with extension to uterus

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

Major findings: Carcinoma of lymph glands PHYSICIAN  
Of operations none Underline the cause to which death should be charged statistically.  
Of autopsy none

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) Means of injury.....

23. Signature Fred J. Tansing (M. D. or other)  
Address 3720 Washington St Date signed 9/15/42

#60 Washington Island (Ple.)

STATEMENT BY LICENSED EMBALMER

*about 10:00 am*

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 Clarence A. Murray  
Licensed Embalmer No. 4011  
P. O. Address St. Louis, 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, fact should be so stated above.