

FILED FEB 10 1943

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Le May Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
127 Nellie Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis  
(c) City or town Le May  
(If outside city or town limits, write "RURAL")  
(d) Street No. 127 Nellie Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Florine Brunner

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife Dina Brunner 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 3 1878  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation None

11. Industry or business None

12. Name Brunner

13. Birthplace Austria  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant St, louis Mo.

(b) Address Burial I II 1943

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive

18. (a) Signature of funeral director Fendler Und Co.

(b) Address 7420 Michigan

19. (a) Jan 9 1943 (b) [Signature]  
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 21 1942 to Jan 9 1943  
that I last saw him alive on Jan 9 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with H. hypertrophy and dilatation  
Due to Secondary stenosis

Due to Imp cold

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations [Signature]

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) (e) Means of injury \_\_\_\_\_  
23. Signature A. W. Peters "D. J. M.D."  
Address 4145 S Grand Date signed Jan 9/43

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

96  
00

96  
00

MOTHER FATHER

MAR 8 1943

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 *Oleum E. Bondle*

Licensed Embalmer No. *7178*

P. O. Address *Jenney 1710*

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.