

FILED MAR 15 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2156

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anthony C. Brummer

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex Male D 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 21, 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 8 12 hr. min.

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

10. Usual occupation New Furniture Haulers

11. Industry or business

12. Name Henry J. Brummer
13. Birthplace Piopolis, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth M. Muller
15. Birthplace DeSoto, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Brummer
(b) Address 4248a Michigan Ave.
17. (a) Burial (b) Date thereof 3/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo.

18. (a) Signature of funeral director G. J. Bedeck
(b) Address 2842 Meramec St.

19. (a) MAR 5 1943 (b) G. J. Bedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 1500
(c) City or town St. Louis 17
(d) Street No. 4248a Michigan Ave.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 9
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1943 hour 6: minute 30 A.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging; by bed sheet tied around his neck and fastened to pipe in lavatory at City Sanitarium, March 3, 1943, about 2:25 A.M.

Due to SUICIDE WHILE CONFINED AS PATIENT IN CITY SANITARIUM

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations 164
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) SUICIDE
(b) Date of occurrence March 3, 1943
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place

While at work? (Specify type of place) Means of injury

23. Signature Thomas F. Callender 3
Address Deputy Coroner Date signed 3-5-43

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

MOTHER FATHER

D

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.....Me.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Jac D. Benz
Licensed Embalmer No. 4879
2842 Meramec St.,
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.