V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

21

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8130

State File No. 2609

Registration District No. FILED MAR 30 1943 818

Primary Registration District No. 1003

Registrar's No.

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: CITY HOSPITAL O
(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 000 17 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2917 EADS AV.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John J. BRUDNER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2 WIDOWER

6. (b) Name of husband or wife NELLIE BRUDNER

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

7. Birth date of deceased SEPT (Month) 9 (Day) 1857 (Year)

8. AGE: Years 85 Months 6 Days 7 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name FRANK BRUDNER
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name ANTONETTE SPAHN.
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Edward L. Brudner
(b) Address 2917 Eads av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 19-1943 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av

19. (a) MAR 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1943 hour 6 minute 15 p 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 Fractured Hip Arteriosclerosis Suffered when Deceased fell to the floor at his Home

Due to 2917 Eads ave on 3-5-43 about 6 30 am

Due to

Other conditions (Include pregnancy within 3 months of death) 186

Major findings:
Of operations 18
Of autopsy 1-0

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) Accident

(b) Date of occurrence 3-5-43 000

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature Thomas F Callanan (M. D. or other)

Address Deputy Coroner Date signed 3-17-43

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

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.