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S. No. 2
—11-10-39
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

MAR 20 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2241

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: Firmin DesLoge Hosp 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 9 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Mo (b) County 9 1 25

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 518 Chestnut St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 36yrs 0 years.

3. (a) PRINT FULL NAME John F. Brunot

3. (b) If veteran, name war None

(c) Social Security No. 499-01-5291

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov 19th. 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Alsase Loraine (City, town, or county) France 5 (State or foreign country)

10. Usual occupation Cheff

11. Industry or business Statler Hotel

FATHER
12. Name John VonLonsomski
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Mrs Martha Brunot
(b) Address 518 Chestnut St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of [illegible] Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd

19. (a) MAR 2 1943 (Date received local registrar) (b) J. F. Bradecks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1943 hour 11 minute 50 P M.

21. I hereby certify that I attended the deceased from 2-27-43, 19__, to 3-7-43, 19__;
that I last saw him alive on 3-7-43, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Peripheral Vascular Collapse

Due to Septicemia

Due to infected Jaw — Caused from an infected tooth

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 115

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) No —
(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

23. Signature Louis T. Moore (M. D. or other)
Address Desloge Hosp. Date signed 3-7-43

(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 Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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, above space should be left blank.